

2017

MSDS

Reference Manual

General Practitioners
Family Physicians
Specialist Clinics



Punjab Healthcare Commission

Striving for Quality Healthcare in Punjab



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ROM-1: Clinic is identifiable as an entity and easily accessible.

- Ind 1. The Clinic is identifiable with name and PM&DC Registration number on a sign board.
- Ind 2. Patient/Client has an easy access to the Clinic.
- Ind 3. The Clinic is registered / licensed with the PHC.
- Ind 4. Door plate clearly displays name and qualification/s of the doctor.
- Ind 5. Consultation hours are displayed.

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ROM-2: A suitably qualified individual manages the clinic.

- Ind 6. The clinic manager has requisite qualifications.
- Ind 7. PM&DC registration certificate of the doctor is displayed.

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ROM-3: Clinic premises support the scope of work / services.

- Ind 8. Premises of the Clinic is as per minimum requirement.
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38

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- Ind 15. Every patient's record has a unique identifier and particulars for identification.
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2.5 Quality Assurance / Improvement (QA)

Standard 7

43

QA-1: The clinic has Quality Assurance / Improvement system in place.

- Ind 17. A quality assurance system is in place.
Ind 18. A quality Improvement system is in practice.

Standard 8

48

QA-2: Sentinel events are assessed and managed.

- Ind 19. The clinic has enlisted the sentinel events to be assessed and managed.

2.6 Assessment and Continuity of Care (ACC)

Standard 9

52

ACC-1: Portrayed service/s conform to the legal provisions.

- Ind 20. The services being provided at the clinic are displayed as per Code of Ethics.
Ind 21. The Specialized Services being provided conform to the standards.
Ind 22. The use and maintenance of specialized equipment conform to the standards
(Applicable only when portrayed)
Ind 23. The laboratory services, if provided, conform to the respective standards
(Applicable only when portrayed)
Ind 24. The radiological/imaging diagnostic services, if being provided, conform to the respective standards.
Ind 25. The Health Education is provided as per guidelines.
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Standard 10

57

ACC-2: The clinic has a well-established patient management system.

- Ind 27. The Clinic has established registration and guidance process.
Ind 28. Standard/Ethical clinical practice is evident from patients' medical record.
Ind 29. The clinic has referral SOPs
Ind 30. The clinic has list of contact numbers of the referral facilities, medico legal authorities, concerned police stations, ambulance/rescue services and the social services organizations.

2.7 Care of Patients (COP)

Standard 11

62

COP-1: Essential arrangements for emergency care exist

- Ind 31. The Clinic has essential arrangements to cater for emergency care.
Ind 32. The policy regarding home visit is portrayed and accordingly catered for.

2.8 Management of Medication (MOM)

Standard 12

68

MOM-1: Prescribing practices conform to the standards

Ind 33. Standards for prescription writing are followed.

Ind 34. Prescriptions are clear, legible, dated, timed, named / stamped and signed.

Ind 35. Prescriptions are provided to the patients.

Standard 13

75

MOM-2: Storage and dispensing conforms to the guidelines

Ind 36. Medicines are stored as per guidelines.

Ind 37. Expiry dates / shelf life are checked prior to dispensing, as applicable.

Ind 38. Labelling requirements are implemented.

Ind 39. Dispensing is done by an authorised person.

Ind 40. Adverse drug reaction/s (ADRs) are reported.

2.9 Patient Rights / Responsibilities and Education (PRE)

Standard 14

83

PRE-1: A system for obtaining consent for treatment exists.

Ind 41. The doctor obtains consent from a patient before examination.

Ind 42. The clinic has listed those situations where specific informed consent is required from a patient or family.

Standard 15

90

PRE-2: Patients and families have a right to information about expected costs.

Ind 43. The patient/family is informed about the cost of treatment.

Standard 16

92

PRE-3: Patients and families have a right to refuse treatment and lodge a complaint.

Ind 44. Patients and families have a right to refuse the treatment.

Ind 45. Patients and families have a right to complain and there is a mechanism to address the grievances.

Standard 17

95

PRE-4: Patients and families have a responsibility to respect the clinic environment.

Ind 46. HCE Charter is displayed and patients / families are guided.

2.10 Infection Control (IC)

Standard 18

97

IC-1: The clinic has an infection control system in place

Ind 47. The clinic has arrangements for infection control aiming at prevention and reducing risk of infections.

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FOREWORD

The Punjab Healthcare Commission (PHC) is an independent health regulatory body established under the PHC Act 2010 for improving the quality of healthcare in Punjab through introducing a culture of Clinical Governance and delivery of standardized healthcare service at all healthcare establishments (HCEs), both public and private for assuring patient safety. Under its legal mandate, the PHC has developed and enforced the Minimum Service Delivery Standards (MSDS) for Category - I HCEs; the hospitals having 50+ beds in 2012 followed by MSDS for Category - II HCEs; hospitals having up to 50 beds.

In the year 2014, the Commission initiated the process for developing MSDS for different kinds of Category-III HCEs offering out-patient services only, including the Basic Health Units (BHUs), in the public sector and the dental clinics, clinical laboratories, radiological diagnostic centers, clinics of general practitioners / family physicians as well as for the Homoeopathic clinics and Matabs providing services under the Unani Ayurvedic & Homeopathy (Practitioners) Act 1965. These MSDS primarily focus on quality and safety of services and are based on the framework approved by the Commission which covers all the functional areas in the HCEs including organizational management and patient care and are consistent with the range and scope of services at a particular type of the HCEs.

Accordingly, the MSDS for the clinics of the general practitioners / family physicians / specialists' clinics have been developed in line with the scope of services of these and catering for the wide range of practices at these private sector healthcare establishments. All relevant stakeholders including the Health Department, the general practitioners / family Physicians and the specialists were consulted during the process of developing the MSDS which comprises of 18 standards and 47 indicators in the 10 functional areas included in the agreed basic framework. The document also provides the survey and scoring methodology after each area ranging from care of patients and management of medication to continuous quality improvement, information management systems and infection control etc. to facilitate implementation and assessment of compliance.

I would like to thank the PHC team lead by the Chief Operating Officer who undertook the development of MSDS in a thorough professional manner. My thanks are also due to the experts and stakeholders who provided valuable inputs in compilation of this document. I am also indebted to the members of the TAC Subcommittee on Standardization and Accreditation for highly professional and critical review of the final document. Lastly, I am grateful to the Commissioners of the PHC Board for their continuous guidance and support in carrying forward the mandate of the Commission.

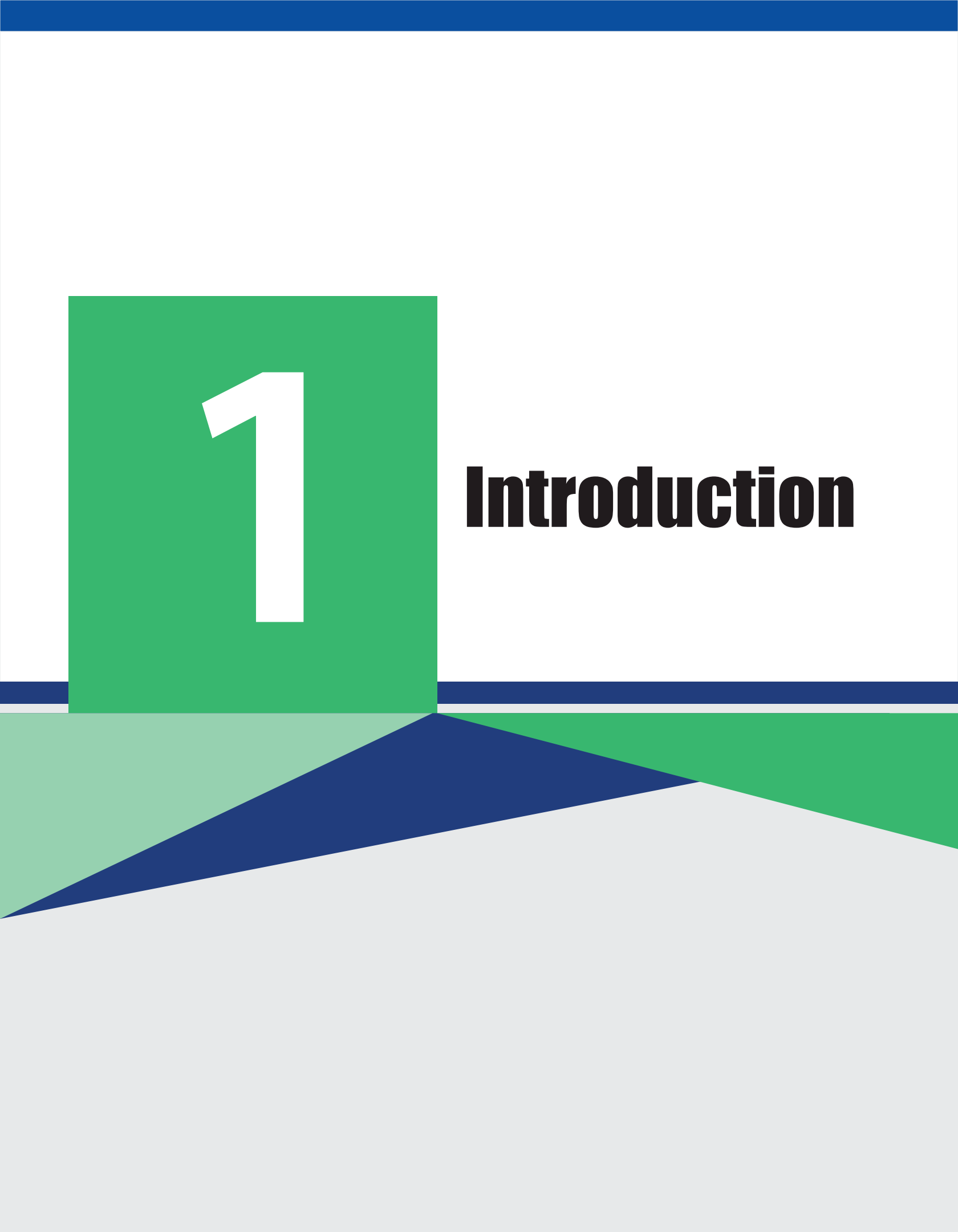
I sincerely hope that finalization of this document, would mark another step towards achieving the mandated objectives of the PHC to improve quality of healthcare services delivery in Punjab.

Justice (R) Aamer Raza Khan
Chairperson
Punjab Healthcare Commission

Abbreviations/Acronyms

A&E	Accident and Emergency
AAC	Access, Assessment, and Continuity of Care
ACR	Annual Confidential Report
ADR	Adverse Drug Reaction
BTS	Blood Transfusion Service
BLS	Basic Life Support
CMC	Complaint Management Committee
CME	Continued Medical Education
CNIC	Computerized National Identity Card
CQI	Continuous Quality Improvement
CSOs	Civil Society Organization
CT	Computerized Tomography
DHIS	District Health Information System
DoB	Date of Birth
DRA	Drug Regulatory Authority
ED	Emergency Department
EDL	Essential Drug List
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EmOC	Emergency Obstetric Care
FMS	Facility Management and Safety
FP	Family Planning
HCE	Healthcare Establishment
HCP	Healthcare Provider
HIC	Hospital Infection Control
HMIS	Health Management Information System
HWM	Hospital Waste Management
IC	Infection Control
ICC	Infection Control Committee
ICT	Information and Communication Technology
ICT	Infection Control Team
IEC	Information, Education and Communication

IMS	Information Management Systems
JD	Job Description
KCI	Potassium Chloride
LASA	Look-Alike, Sound-Alike
MIS	Management Information System
MLC	Medico-Legal Cases
MLR	Medico-Legal Report
MOM	Management of Medication
MSDS	Minimum Service Delivery Standards
NGO	Non-Government Organization
OEM	Original Equipment Manufacturer
PHC	Punjab Healthcare Commission
PMDC	Pakistan Medical & Dental Council
PNC	Pakistan Nursing Council
PPE	Personal Protective Equipment
PRE	Patient Rights and Education
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement
RBS	Random Blood Sugar
RMP	Registered Medical Practitioner
ROM	Responsibilities of Management
SMPs	Standard Medical Protocols
SOPs	Standard Operating Procedure
TAC	Technical Advisory Committee
WM	Waste Management



1

Introduction

1 - Introduction

The Government of Punjab promulgated the Punjab Healthcare Commission (PHC) Act 2010 to establish the Punjab Healthcare Commission (PHC) as a regulatory body with the prime objective **to improve delivery of healthcare services and ban quackery in Punjab in all its forms and manifestations**. The Commission is legally mandated to regulate all healthcare establishments¹ and service providers in public and private sectors through registration, development and enforcement of minimum service delivery standards (MSDS) for all categories of healthcare services and license the HCEs on the basis of implementation of these MSDS. To carry forward its mandate, the Commission prioritized its work in three recognized areas of healthcare services; Allopathic, Homeopathic and *Tibb*.

The Commission, has in the first phase developed and initiated implementation of MSDS for category - I HCEs i.e. above 50 bedded hospitals followed by the MSDS for category II HCEs which generally cover all types of hospitals related to allopathic system of treatment having less than 50 beds. In the meanwhile, the commission also completed development of MSDS for homoeopathic clinics; category III HCEs which have also been approved and are being implemented. The MSDS for BHUs, Matabs, Clinical Laboratories, Radiological Diagnostic Centers, and Dental Clinics have also been drafted and are at the approval stage. The document in hand, covers the Minimum Service Delivery Standards for the clinics of General Practitioners / Family Physicians / Specialists generally covering small to large scale practices.

Setting service delivery standards (MSDS) and indicators for their assessment is an established practice for incessantly improving the quality of delivery of healthcare services across the health sector. The primary objective of developing MSDS is to set yard sticks for the Clinics of GPs and Family Physicians to become eligible for grant a license by the Punjab Healthcare Commission. These standards are primarily designed to streamline the delivery of healthcare services at the clinics of the general practitioners even at the lowest level in Punjab, keeping in view the provisions of the PM&DC Ordinance 1962 and the PMDC (Amended) Act 2012. Issuance of Certificate of Registration to the General Practitioners however, remains the responsibility of the PM&DC in accordance with its rules, regulations and Code of Ethics.

1.1 Development Methodology

An outline for Draft MSDS was prepared by the PHC team by taking on board groups of experts in the profession involved in the practice of family medicine at various scale. In addition, the professionals working at Government healthcare facilities, professionals holding management positions, members of faculty from teaching in medical colleges/universities, representatives of the PM&DC, and the College of Physicians and Surgeons Pakistan and members of various Medical Associations were also consulted.

The draft MSDS prepared by the CG&OS team was shared and thoroughly discussed with the entire technical team of the PHC including a mix senior and mid-level practicing doctors, experienced hospital managers, public health experts, pharmacists and quality assurance experts for seeking their views. After incorporating inputs of the technical team of the PHC, the electronic as well as hard copy of the draft was shared with the key stakeholders. After seeking comments of the small group of experts, a broad based stakeholders consultative workshop was organized on 21 March 2015 which was attended by 38 experts from the Health Department, representatives of the Pakistan Academy of Family Physicians, nominees of the Pakistan Medical Association and independently working GPs/Family Physicians and Specialists from all over Punjab.

 1- Section 20, PHC ACT 2010

The draft was thoroughly reviewed and consensus based recommendation were incorporated and a 3-member committee from amongst the participants of the workshop was deputed to assist the PHC team in finalizing the draft while ensuring aligning the same with contemporary practices and in the light of one to one meetings with leading practitioners.

The draft finally reviewed by the Subcommittee of the Technical Advisory Committee on Standardization and Accreditation was presented to the Board of Commissioners of the PHC for review and concurrence to submit the same to the Government for formal approval and notification before implementation.

1.2 MSDS for General Practitioners and Specialist Clinics

The Minimum Service Delivery Standards (MSDS) for implementation at the clinics of the General Practitioners / Family Physicians / Specialists comprise of 18 basic standards and 47 associated Indicators. The **Color Coding** scheme which was introduced with Scoring Matrix for Cat-I HCEs has been used to facilitate the Clinic staff responsible to implement and self-assess implementation status at their own level before formal assessment by the PHC Assessors. The **RED** indicators (**25**) are required to be fully implemented and have been ascribed **100%** weightage while in case of the **YELLOW** (**22**), indicates partial compliance at least to the extent of **80%** to qualify for a license from PHC. An Implementation Assessment Scoring Matrix has been provided at the end of each set of Standards, Indicators and Guidelines for self-assessment practice by the Clinic/HCE Staff whereas an additional column will be provided in the same Scoring Matrix for the assessors for scoring for licensing purposes.

Following scoring scale provides the basis of assessments to the clinic staff as well as to the PHC Assessors with the difference that clinic/HCE staff will have self-assessment to ensure 100% implementation whereas PHC Assessors will additionally assess and score for licensing on the basis of same criteria ascribed in the Survey/Scoring Process.

Lowest Shades of Levels of Implementation Highest										
0	1	2	3	4	5	6	7	8	9	10

It is highly desirable to achieve 100% scoring in all areas as these standards are already minimum. This would also be a minimum requirement for clinics intending to qualify for empanelment in the insurance schemes coming up in near future. Insurance companies would eventually be desiring higher level of accreditation standards for competitiveness. This document shall remain a dynamic document for subsequent improvement on the bases of implementation experience and other developments.



2

Standards and Indicators

2. Standards and Indicators

2.1 Responsibilities of Management (ROM)

Standard 1. ROM-1: Clinic is identifiable as an entity and easily accessible

Indicators (1-5):

Ind 1. The Clinic is identifiable with name and PM&DC Registration number on a sign board

Survey Process:

The indicator is to ascertain that anyone approaching the clinic is able to identify the location by a sign board with clearly written Name of the Clinic/Health Care Service Provider and PM&DC Registration number i.e. **“Clinic ABC-PM&DC Reg. No. 0000²”**. Surveyors will make assessment while approaching the clinic that board is appropriately placed and prominently visible and patients are able to know while entering into the clinic that they are accessing a qualified and duly Registered Medical Practitioner/(s).

Scoring:

- If there is a sign board which clearly identifies the clinic as above, then score as fully met.
- If there is no sign board or there are non-conformities to above, then score as not met.

Ind 2. Patient/Client has an easy access to the Clinic

Survey Process:

This indicator requires that access to the clinic for the patient/s and general public, particularly for disabled/elderly persons is easy. The entry / exit if not on a level ground, should have steps and ramps for the wheel chair/stretchers etc. All ramps/slopes are required to be non-slippery. The entry/exit and washroom door/s (if applicable) should be wide enough to allow easy passage for the wheel chair.

Scoring:

- If the access to the Clinic is easy as defined above, then score as fully met.
- If the access to the Clinic is not easy as defined above, then score as partially met.
- If the access to the Clinic is difficult and there is no facilitation as defined above, then score as not met.

Ind 3. The Clinic is registered / licensed with the PHC

Survey Process:

The surveyor is required to verify the Registration Certificate and License of the clinic under the PHC Act or the Registration Certificate and evidence of having applied for grant of license. PHC Registration / License number is to be displayed³ at a prominent place like sign board / outer wall and the Registration Certificate/License is to be displayed at a prominent place inside the clinic.

Scoring:

- If the Clinic has a License from PHC, the number is written on the board/outer wall and it is displayed as described above, then score as fully met.

2- Relaxation for displaying PM&DC Registration number on the Main Sign Board is for initial ONE year. Pending display of Registration Number on the main board, it should alternatively be displayed at any suitable place in the clinic from where it is prominently visible on entering the clinic.

3- Requirement for displaying the PHC Registration/License Number on the main sign board is relaxed for one year from the date of Notification of this MSDS.

- If the Clinic has i. Registration Certificate issued by the PHC and it is displayed, the number is written on the board/outer wall and ii. There is evidence of having applied for grant of license to the PHC, then score as **partially met.**
- If the Clinic has No Certification or it is not displayed as above, then score as **not met.**

Ind 4. Door plate clearly displays name and qualification/s of the doctor

Survey Process:

Observe the placement of the door-plate and qualification/s having a text in accordance with the PM&DC Code of Ethics of Practice for Medical and Dental Practitioners⁴ prescribed under the PM&DC Ordinance 1962 and the PMDC (amendment) Act 2012.

Scoring:

- If the door-plate is in accordance to the above, then score as **fully met.**
- If the door-plate is present but does not display requisite information as above, then score as **partially met.**
- If the door-plate does not exist, then score as **not met.**

Ind 5. Consultation hours are displayed

Survey Process:

This indicator requires the timings of physical availability of the doctor to provide consultation to be clearly displayed at prominent place outside and inside the clinic and to be observed accordingly to ensure that clinic should function only when the doctor is available.

Scoring:

- If the timings of doctor are displayed and followed as mentioned above, then score as **fully met.**
- If the timings of doctor are NOT displayed, then score as **not met.**

The sign board shall have:

- ✓ The name of the clinic/doctor(s), as provided in the law;
- ✓ The PM&DC registration number(s) of the doctor(s);
- ✓ The PHC license number issued to the clinic;
- ✓ Consultation timings of the doctor(s).

4- As per Provision 7 (1) of the Code of Ethics for Medical and Dental Practitioners prescribed by the PM&DC, no person shall practice modern system of medicine or surgery unless that person is a Doctor or Dentist having registered qualification and valid registration with PM&DC. Serial 8 (1) refers to displaying of the valid registration of PMDC at the clinic and writing the registration number on prescriptions, Certificate and money receipts to patients and 8 (2) prohibits suffixing of degrees/diplomas with their names which are not registered with PM&DC.

Guidelines

Identification as a Legal Entity

The clinics of all General Practitioners/Family Physicians and Specialists, like all other HCEs, are required to be identifiable as legal entity to enable the patients/clients seeking healthcare to identify and ascertain service provider's location and legal status. Thus, a clearly written, appropriately sized sign board is fixed at a suitable place, so that any one approaching the clinic is able to identify its location, type, name and registration status, etc.

It would be mandatory to write "Doctor ABC" with the qualification and PM&DC registration number, or "XYZ Clinic", followed by name, qualification, registration number etc. The board is also required to reflect the license number issued by the PHC. However, the requirement to 'display the PM&DC registration number and the PHC license number (**refer to Indicator - 3** on the main sign board' has been relaxed for a period of ONE year, after the publication of these standards. *During this period, the registration and license numbers should be displayed at any suitable place as an alternate arrangement, from where the same are prominently visible before or on entering the clinic.* The qualification/s recognized by PM&DC ONLY may be displayed on the sign board in the form of permitted abbreviation/s. Registration is to be reflected separately so that it does not create the impression of an additional degree or diploma. The sign board should be fixed on a wall, roof top or pole, duly complying with local government regulations, as applicable⁵. The recommended size of the main sign board is 4-5 feet long and 2.5-3 feet high depending on the site and for the secondary sign board is 2.5 feet long and 2 feet high.

Easy Access

Easy access / entry and moving within the healthcare facility are the basic and essential requirements for the patients/clients, particularly for the disabled and elderly. The entry/exit, if not on level ground, should have steps for patients and ramps for the movement of wheel chairs / stretchers etc. Un-even floors, or even small obstructions, can cause a person particularly the disabled and elderly to tumble over and get injured. All steps /ramps/slopes can be made non-slippery either with fancy/costly material or simply by grinding and coarsening the surface, as it suits the service provider. The entry/exit and washroom door/s (where applicable) should be wide enough to allow easy passage of wheel chairs.

Registration and Licensing

Under Section 13 & 14 of the PHC Act, 2010, all HCEs Clinics including Clinics of the General Practitioners/Family Physicians and Specialist are under legal obligation to get registered and licensed with the PHC for their lawful operation. Although, displaying the PHC License number on the main sign is an ultimate legal requirement but considering the fact that it may not be possible for all legitimate practitioners to change their boards immediately, this condition has been relaxed by providing a grace period of one year, from the date of notification of these MSDS/displaying them on the PHC website. However, during this period, the PHC Registration Certificate or License number as applicable, is to be displayed prominently on the main entrance and inside the clinic i.e. waiting/ consultation room on a simple and small board of any suitable material.

The registration/licensing forms, guidelines and information regarding fee etc., can be or collected personally from the **PHC office at the following address or can be downloaded from the PHC website: www.phc.org.pk**

5- Punjab Outdoor Advertisement and Signboards Policy, 2013.



**Directorate of Licensing and Accreditation,
Punjab Healthcare Commission**

Office # 1&2, 4th Floor, Shaheen Complex, 38- Abbot Road, Lahore, Pakistan
Telephone: 042-99206371-78, Fax: 042-99206370
Email: info@phc.org.pk

Toll free PHC helpline can also be accessed for any additional information:



TOLL FREE 0800 00 742

A Copy of the original registration certificate/license issued by the PHC (as the case may be) is to be displayed at a prominent place in the waiting area/reception and/or inside the section of the clinic whereas the original must be available at the clinic⁶ and shown on demand.

Door Plates

The doorplate/s with qualifications, in accordance with the Code of Ethics of Practice for Medical and Dental Practitioners prescribed by the PM&DC under the provisions of the PM&DC⁷ Ordinance 1962 and the PMDC (amendment) Act 2012 should be placed on the door of the clinic. The plate should be modest and must include qualifications, invariably indicating the granting authority. It would mean a degree/diploma/specialization which is recognized / registered by the PM&DC. The name of the doctor/(s) should not be used on any other clinic/premises except the place of regular practice, where the practice timings are also displayed. The recommended plate size should not exceed 4 x 10 inches with the wording of an appropriate size and font consisting of maximum of three lines:



Caution:

- Only the qualification/s registered by the PM&DC in recognized abbreviation/s is/are permitted to be displayed.
- Past/present appointments and membership with associations or bodies shall not be mentioned on the board/s.

Consultation Hours

The proper display of working hours of the clinic/ HCE and availability for consultation at a prominent place/ s outside and inside the clinic is important for the convenience of patients. The clinic should only function/ provide services when the doctor/(s) is physically available as per the displayed timings. This is important to discourage the functioning of clinics beyond the practice time of a legitimate practitioner, developing patients' confidence and in limiting quackery.

⁶- Relaxation for displaying the PHC Registration/License number on the main sign board is for one year from the date of notification of this MSDS.

⁷- In Code of Ethics for Medical and Dental Practitioners by PM&DC, Provision 7 (1) No person shall practice modern system of medicine or surgery unless that person is a Doctor or Dentist having registered qualification and valid registration with PM&DC, 8 (1) refers to display of valid registration of PMDC at the clinic and writing of registration number on prescriptions, Certificate and money receipts to patients and 8 (2) prohibits suffixing of degrees/diplomas with their names which are not registered with PM&DC.

Assessment Scoring Matrix

Standard 1. ROM-1: The clinic is identifiable as an entity and is easily accessible.

Indicator 1-5		Max. Score	Weightage	Grading Score
Ind 1.	The clinic is identifiable with the name and PM&DC registration number displayed on a sign board.	10	100%	
Ind 2.	The patient/client has easy access to the clinic.	10	80%	
Ind 3.	The clinic is registered/licensed with the PHC.	10	80%	
Ind 4.	Door plate clearly displays name and qualification/s of the doctor.	10	80%	
Ind 5.	Consultation hours are displayed.	10	100%	
Total		50		

Standard 2. ROM-2: A suitably qualified individual⁸ manages the clinic

Indicators (6-7):

Ind 6. The clinic manager has requisite qualifications

Survey Process:

Review the roles and responsibilities of the individual/s managing the clinic and/or providing clinical services and assess if their credentials match the portrayed services⁹.

Scoring:

- Score **fully met**, unless the survey team identifies significant deficiencies in the credentials.

Ind 7. PM&DC registration certificate of the doctor is displayed

Survey Process:

A photocopy of the valid registration certificate issued by the PM&DC to the doctor practicing in the clinic is to be displayed at a prominent place and the original should be made available when demanded by the inspection team. The validity of certificate can be verified from the PM&DC, if so needed.

Scoring:

- If a copy of valid registration certificate of the doctor is prominently displayed in the clinic and the original is made available when demanded by the inspection team, then score **as fully met**.
- If copy of registration certificate of the doctor is prominently displayed in the clinic, but is expired and there is evidence of having applied for renewal, then score **as partially met**.
- If copy of registration certificate is not available at the clinic or it is expired and process for renewal has not been initiated, then score **as not met**.

Guidelines

Qualifications of a Clinic Manager

Keeping in view the nature of outdoor clinical services, the individual who manages and provides healthcare services at the clinic is required to be a qualified doctor, currently registered with the PM&DC. In case of a single-man clinic, the doctor himself/herself shall be considered as the person in charge, owner or manager of the clinic, for overall administration, coordination and functioning of the clinic unless he has hired some other person as manager for handling non-technical matters. For managers of polyclinics and larger set ups, an additional qualification in healthcare facility management would be preferable.

In case the clinic is owned by a non-doctor, the above described principle shall prevail and the owner shall only manage the general administrative matters, while all technical matters related to provision of healthcare shall be the responsibility of the qualified doctor.

⁸- As per PM&DC Ordinance as amended from time to time.

⁹- There is no issue if the practitioner registered with PM&DC (RMP) is the owner and manages the clinic himself/herself. In case the clinic is owned and managed by a person other than the registered medical practitioners (RMP) himself/herself, the responsibility of technical management and provision of healthcare should lie with the RMP who should not allow anyone else to practice in absentia, while general administrative issues may be handled by the owner/administrator/manager as the case may be.

In case the clinic is owned/ run by more than one practitioner, the person in charge has to be clearly notified, defining the following desirable responsibilities of an in-charge manager of clinic:

- i. Provision of services at the clinic according to the PM&DC rules, regulations and Code of Ethics ensuring that only allopathic services are portrayed and provided at the clinic.
- ii. Regular maintenance and repair of physical infrastructures, both interior and exterior and putting in place the parameters of building safety.
- iii. Maintain high standards of general hygiene and a positive approach to patient handling and facilitation by the staff providing support services.
- iv. Ensure that medication are dispensed according to standard procedures.
- v. Ensure that all records are maintained with required information and are checked at least on quarterly basis and kept in a safe custody with declared responsibility.
- vi. Arrange requisite facilities and trained staff to deal with emergency care and referrals.
- vii. Establish complaint management and redressing system.
- viii. Ensuring compliance of SOPs on infection control etc.

Display of Registration Certificate

No medical or dental practitioner is allowed to practice without having valid registration with the PM&DC, as per provisions of Sections 28 and 29 of Pakistan Medical and Dental Council Ordinance 1962 and the PMDC (Amendment) Act 2012 and the defaulters are liable to be punished. It is the personal responsibility of every doctor/(s) to keep the registration renewed as per requirement. The management/person in charge of the clinic is to ensure that a photo copy of the valid registration certificate, issued by the PM&DC in respect of the doctor practicing in the clinic, is displayed at a prominent place in the clinic¹⁰ and the original is produced when demanded. The validity of the renewal status can be verified from the PM&DC website on line¹¹, if required.

10- Para 8. (1) of Code of Ethics of Practice for Medical and Dental Practitioners issued by PM&DC.

11- <http://www.pmdc.org.pk/PractitionerSearch/tabid/177/Default.aspx>

Assessment Scoring Matrix

Standard 2. ROM-2: A suitably qualified individual manages the clinic.

Indicator 6-7		Max. Score	Weightage	Grading Score
Ind 6.	The clinic manager has requisite qualifications.	10	100%	
Ind 7.	PM&DC registration certificate of the doctor is displayed.	10	80%	
Total		20		

Standard 3. ROM-3: Clinic premises support the scope of work / services**Indicators (8-10):****Ind 8. Premises of the Clinic is as per minimum requirement****Survey Process:**

Observe that the Clinic has minimum required space available for consultation, comfortable¹² sitting and for dispensing or dressing if so portrayed / required.

Scoring:

- If the clinic fulfills the parameters as described above, then score as fully met.
- If the clinic premises is as above but patients are not comfortably sitting, then score as partially met.
- If the clinic premises is not sufficient to even accommodate 3 patients at a time, then score as not met.

Ind 9. Clinic has adequate facilities for the comfort of the patients**Survey Process:**

The surveyors should observe the presence of the following facilities during a visit to a clinic:

- I. Sitting arrangement
- II. Alternate arrangements of electricity, at least the emergency light.
- III. Waste container/receptacle/s¹³
- IV. Proper ventilation
- V. Clean drinking water
- VI. Toilet available/accessible¹⁴
- VII. Mosquito and fly proofing¹⁵ (wire gauze)

Scoring:

- If the Clinic has facilities from I to VII, then score as fully met.
- If the Clinic has facilities from I to V, then score as partially met.
- If the Clinic does not have any one of the facilities at I to V, then score as not met.

Ind 10. Clinic has adequate arrangements for the privacy of patients during consultation/examination**Survey Process:**

Observe if arrangements for patient's privacy during consultation/examination as applicable are in place and the privacy of the patients is respected¹⁶.

Scoring:

- If the clinic has arrangements for patients' privacy as defined above, then score as fully met.
- If privacy arrangement is not available in the clinic, then score as not met.

12- Comfortable sitting may include accommodating 3-5 patients waiting at one given time. Dispensing/sitting may be acceptable together in some settings.

13- As per EPA, Punjab Hospital Waste Management Rules 2014 (As explained in the Guidelines).

14- In house availability mandatory for Poly Clinics.

15- To safe guard against mosquitos/flies spreading malaria, dengue & other infectious diseases.

16- Privacy of all patients during history taking/examination is very important and cannot be ignored. Female patients and minors are not examined alone by the male practitioners and in such an event the accompanying attendant, preferably a female should be requested to remain present. Details are provided in PM&DC Code of Ethics for Medical and Dental Practitioners, PHC Charters for Patients and others and the Guidelines.

Guidelines

The Size and Premises

The size and premises of the clinic are important for the comfort of both patients and healthcare service providers which must be designed keeping these in mind. Practice can be started in a small consultation room, with space to accommodate a practitioner, patient and an attendant. However, the issues of space arise with an increase in the number of patients, where the people have to wait for their turn for consultation and medications etc. It is not desirable to make the patients wait in street while doctor is engaged with a patient in providing consultation and would require arranging the additional seating space for the comfort of patients. The clinics of the GPs/Family Physicians/Specialists are recommended to have sufficient space compartmentalized to cater to three basic needs i.e. patients sitting area for 3-5 patients waiting at a given time in a comfortable posture, consultation and dispensing of medicine. In some settings, if separate rooms for dispensing and waiting are not available, it is acceptable to compartmentalize the area/room designated for dispensing and seating / waiting for patients with suitable partitions e.g. cloth, aluminum, glass or wooden within the available resources. Subject to affordability and usage, the clinic can have a reception and a computer for facilitation of the patient and record keeping and searching reference material etc.

The proposed portions/partitions of the clinic including the following would maintain a sense of privacy for the patients and also cater to the comfort of others:

I. Medical Consulting Area/Chamber

This is an important portion of any clinic and should have:

- A table and a comfortable chair for the doctor with proper back-support, and preferably reclining so that the doctor can lean back and rest at times as he/she has to sit for long hours.
- A patient stool, preferably a revolving, stainless steel stool that is commonly available in the market. However, a stool made of any material e.g. wood or synthetic or mixed, having adequate height (1-1/2 ft.) well-polished/painted for keeping it clean, can also be used.
- A few chairs or a wooden bench for patients and their attendants may be placed depending on space availability.
- A small bookshelf or a book rack for keeping some reference books which may be fixed on the wall.
- An examination couch.

II. Dispensing Portion/Section

This section is necessary if medicines are being issued/dispensed from the clinic's dispensary and would basically require wooden or metal racks, in step ladder design, to store medicines which are easily accessible to the authorized dispensing person. However, in case the practice is limited to prescribing ONLY and the patients are advised to get medicines from any store of their choice, this section would not be required.

There should be separate, closed racks for storing extra stocks and some odorous medicines. The medicines should be stored in such a way that they are not exposed to direct sunlight or excessive heat.

III. Waiting Area/Sitting arrangement

The waiting area/room needs to be appropriately furnished with chairs settee(s), sofa(s), or benches, depending upon affordability and the numbers of clients to accommodate at least 3-5 patients and

attendants at a given time to wait for 10-15 minutes and to move around freely without hindrance. The furniture should be comfortable and preferably also have center-table and magazine rack depending on the available space and budget. The waiting area can also have a pin-board for posting articles, appointments or general information for patients.

Color Scheme and Ambiance in the Clinic

White and light colors provide a feeling of openness and convenience for maintaining cleanliness and hygienic requirements and are preferred for clinics. Regardless of the color of the walls, it is desirable that the ceiling should be white for uniform illumination of the clinic.

Similarly, the curtains, furniture and other interior items should also have light colors which should blend-in and not 'stand out and be made of a material that facilitates maintenance of a clean and hygienic look. Bright colors like red, brown, black, dark blue and dark green and dim or colored lights are usually not considered soothing and should be avoided to give a fresh and lively feeling to the interiors. Indoor plants help create a refreshing environment and can be placed if the space or budget permit. Idea is to a simple and graceful ambiance.

Facilities for the Comfort of Patients

The clinic also needs to have following facilities to provide a comfortable environment for patients and care providers:

I. Adequate sitting arrangements as described earlier

II. Alternate arrangements for lighting during power outages

To combat electricity interruptions or emergency situations, alternative arrangements for light/electricity, at the minimum, an emergency light/torch candles must be kept in a safe and easily accessible.

III. Waste container/receptacle/s¹⁷

A dustbin/ waste paper basket/ waste receptacle usually made of metal or plastic should be available for putting and temporary storage of waste /rubbish / trash etc.

IV. Ventilation

The clinic room(s) should be airy, have windows for proper natural ventilation for the comfort of patients. A proper exhaust system as fixed in rooms / verandas in most of the local constructions, facilitates maintaining a comfortable internal environment.

V. Clean drinking water

Safe and clean drinking water with clean utensils for patients, attendants and staff should be available in the clinic.

VI. Toilet availability/accessibility¹⁸

A toilet should be available preferably, within the clinic premises. However, given the circumstances that a large number of HCEs are single room clinics, established in markets where attached bath rooms are generally not available, it is desired that the toilet facility should be accessible to patients/attendants and staff in the closest proximity.

17- This is a minimum requirement for putting in and temporarily storing the noninfectious waste generated in the clinics. For any additional requirements, the provisions of the Punjab Hospital Waste Management Rules 2014 framed under the Environment Protection Act should be followed.

18- In house availability mandatory for poly clinics.

VII. Mosquito and fly proofing (wire gauze)¹⁹

In view of our environment being highly conducive to mosquitoes and flies, leading to the risk of malaria, dengue and other infectious diseases, it is desirable that the clinic environment is mosquito and fly free by ensuring properly fixed doors/windows with wire gauze.

Privacy of Patients

The clinic must have requirements to respect the privacy of patients during history taking, consultation and examination²⁰. Female patients and minors are not to be examined alone by male practitioners and in such cases, the accompanying attendant, preferably a female, should be made to remain present. Additionally, for appropriate partitioning of the waiting area for male and female patients and attendants either a cloth curtain, or a wooden or tinted glass wall installed inside the clinic is strongly recommended in view of the affordability and the space.

19- Essential to safe guard against mosquitos/flies spreading malaria, dengue and other infectious diseases.
20- Code of Ethics for Medical and Dental Practitioners published by PM&DC.

Assessment Scoring Matrix

Standard 3. ROM-3: Clinic premises support the scope of work/services.

Indicator 8-10		Max. Score	Weightage	Grading Score
Ind 8.	Premises of the clinic is as per minimum requirement.	10	80%	
Ind 9.	Clinic has adequate facilities for the comfort of the patients.	10	80%	
Ind 10.	Clinic has adequate arrangements for the privacy of patients during a consultation/examination.	10	100%	
Total		30		

2.2 Facility Management and Safety (FMS)

Standard 4. FMS-1: The Clinic has facility management and safety systems in place

Indicators (11-12):

Ind 11. The staff has the knowledge about early detection and containment of fire and non-fire emergencies²¹

Survey Process:

The surveyors shall ask the staff (doctor as well as the support staff) of the clinic regarding knowledge about the system / process for early detection and containment of fire and non-fire emergencies.

Scoring:

- If the staff has knowledge about the system / process of early detection and containment of fire and non-fire emergencies, then score as **fully met**.
- If the staff has no knowledge, then score as **not met**.

Ind 12. Arrangements to combat fire and non-fire emergency are available in the Clinic

Survey Process:

Observe that arrangements to deal with fire and non-fire emergencies are available in the clinic. Interview the staff to assess whether they know how to operate / use the fire-fighting equipment / arrangement²².

Scoring:

- If fire-fighting equipment/arrangement is available and staff knows how to use it then score as **fully met**.
- If fire-fighting equipment/arrangement is available but staff does not know how to use, then score as **partially met**.
- If fire-fighting equipment/arrangement is not available, then score as **not met**.

Guidelines

Fire and Non-Fire Emergencies

The staff of the clinic (Doctor, dispenser, attendant etc.) should be well familiar with the system/process for early detection and containment of fire and non-fire emergencies.

The staff must know how to identify (early detection) fire and non-fire emergencies and be fully knowledgeable about containment methods and actions required while using fire extinguishers / sand / water bucket / shovels etc.

Containment

The team responsible for containment will take a quick review of the situation in order to assess their role for the purpose which may include simple try to initiate the alarm for evacuation and help abating the fire. General guidelines given below are helpful in carrying out the containment.

²¹- Early detection at a small scale means to quickly check in person an extra ordinary smoke/burning smells, sparking etc. Non-fire emergencies include earthquake/building collapse, heavy rains, floods etc.

²²- Equipment / arrangement suitable for the place e.g. bucket of water/sand, spade and/or fire extinguisher etc. as the case may be.

Guidelines

Abatement

It is very important to decide when and how to try abatement and when to call help. The fire resulting from short circuit should never be controlled with water unless the power is cut off from the main switch or the fuse break. If fire doesn't seem to be controllable by the clinic staff and resources, it is essential to call help from Rescue 1122/fire brigade, civil defense etc. immediately even before starting the efforts for abatement.

General guidelines

1. When fire is detected, stay calm, try to oversee the situation and watch out for danger and take the following actions in this order:
 - a. Close the windows and doors to cut off the fresh air to limit the spread of fire.
 - b. Keep the escape route open.
 - c. Raise fire alarm by shouting, telephoning and manually switching on the fire alarm, if it has not automatically triggered.
 - d. Rescue the trapped people (and animals if present).
 - e. Switch off electricity and/or gas supply.
 - f. Fight fire, if possible with at least two persons.
2. Persons with burning clothing should be wrapped in a blanket on the floor, sprayed with water. A CO2 fire extinguisher can also be used, but do not spray on the face.
3. When using fire extinguishers, it is important that the fire is fought at the seat of the fire i.e. at the bottom of the flames, not in the middle of the flames.

The presence of gas cylinders poses danger of explosion due to overheating. If those cannot be removed, try to cool those with a fire-hose while taking cover behind some structure. When the situation looks beyond control, evacuate the building. Let everybody assemble outside and check that no one is missing. To practice this, a Regular Mock Fire Drill (once a year), should be held.

Emergency Exit Plan

(Teams, Responsibilities, training and rehearsal schedules)

The ABC Clinic XYZ has unobstructed escape routes in case of fire and preferably two exits and **Fire Exit Signs** posted at appropriate places. The emergency exits are clearly marked and obstructions must be kept away from exits at all times. The HCE shall have contact details and establish liaison with civil and police authorities, **Rescue 1122** and the **Fire Brigade** as required by law for seeking help and support in case of an emergency.

Emergency Exit System

- i. Reasonably reliable and assessed lighting source, such as public utility electric service.
- ii. Emergency lighting facilities to maintain specified degree of illumination in the event of failure of the normal lighting source for a period of at least one hour.
- iii. "EXIT" signs.



- iv. Size of signs – readable from a distance of 15-20 meters.
- v. Corridors, hallways and aisles must be at least 2.4 meters wide.
- vi. Use ramps to access the second floor and up (as applicable).
- vii. Stairways with safe and adequately secured railings.
- viii. Stairway must be at least 112 cm wide and made of fire resistant material.
- ix. Any opening in a wall shall be protected by fire doors²³ or fixed with fire resistant wire glass windows.

Children

Children will be given first priority while evacuation and will be carried out by their mothers or attendants and if unattended or the attendant cannot carry the child, it will be the responsibility of the duty staff to save the child or seek help. The newborns and the children in incubators or under warmers shall be carried well protected (wrapped in blankets etc.)

Patients

The patients who can walk will be guided to the appropriate exit while those who cannot walk will be transported through wheel chairs or the stretchers as per the situation and the condition of the patient.

Staff

Staff will evacuate in the last however unnecessary lingering must be avoided.

All the persons will gather in the designated assembly area so that a head count can be done. It is necessary in order to ensure everyone in the building has been successfully evacuated.

It is also important that the staff is updated annually on the early detection and containment of fire and non-fire emergencies.

Arrangements to deal with Fire and Non-Fire Emergencies

The clinic should have adequate arrangements to deal with fire and non-fire emergencies and the staff must be fully conversant with the arrangement and should be able to access and operate/use the fire-fighting equipment. Brief description of fire and non-fire emergencies, required actions to combat the same and about which all staff of the clinic should be aware, is given below:

A. Fire emergency

Any sudden incident, where smell of something burning is felt, a smoke is visible or actual fire is noticed, is considered a fire emergency. Fire emergencies are to be handled urgently, with care and patience, keeping the safety of the patients and the staff in mind.

B. Non-fire emergency

Non-fire emergencies relate to the emergent conditions caused by accidents and/or natural calamities, and may include:

- i. Earthquakes
- ii. Civil disorders affecting the HCE
- iii. Terrorist attacks
- iv. Invasion of swarms of insects and pests
- v. Invasion of stray animals
- vi. Hysteric fits of patients and/or relatives
- vii. Anti-social behavior by patients/relatives

 23- There are many types of fire doors which serve to resist the migration of fire from one open space to another.

- viii. Temperamental disorders of staff causing deterioration in patient care
- ix. Spillage of hazardous substances (acids, mercury etc.), infected materials (used gloves, syringes, tubing, sharps etc.) and medical wastes (blood, pus, amniotic fluid, vomit etc.)
- x. Building or structural collapse
- xi. Falls, slips or collision of personnel in the corridors
- xii. Fall of a patient from the bed/stretcher
- xiii. Bursting of pipelines
- xiv. Sudden flooding of areas like basements due to clogging in pipelines or heavy rains
- xv. Sudden breakdown of supply of electricity, gas, vacuum etc.
- xvi. Bursting of boilers and/or autoclaves

The person in charge and the clinic staff shall take care of non-fire emergency situations by identifying them and taking appropriate course of action.

C. Awareness of rapid response

Rapid response time of fire service-based, pre-hospital emergency systems is a pivotal. The Punjab Emergency Services **Rescue 1122** is one of the major sources of clinic-to-hospital emergency referrals. In case of **fire emergencies, the fire brigade service can be reached through its emergency number, 16.**

Assessment Scoring Matrix

Standard 4. FMS-1: The clinic has facility management and safety systems in place.

Indicator 11-12		Max. Score	Weightage	Grading Score
Ind 11.	The staff has knowledge about early detection and containment of fire and non-fire emergencies.	10	100%	
Ind 12.	Arrangements to combat fire and non-fire emergencies are available at the clinic.	10	80%	
Total		20		

2.3 Human Resource Management (HRM)

Standard 5. HRM-1: There is documented personnel record of the doctor²⁴ and the staff

Indicators (13-14):

Ind 13. Personnel record / credentials of all staff of the clinic are maintained

Survey Process:

Review the personal record of the doctor, dispenser²⁵, clinical assistant/aid and other staff (as applicable) and the credentials including professional qualifications, valid registration with the concerned council/authority, experience certificates, trainings, job descriptions duly signed by both parties in case of employees and character certificate/references etc. as applicable.

Scoring:

- If the reviewed records have documented information regarding professional qualifications / credentials as above, then score as **fully met**.
- If record of the staff is not available as above, then score as **not met**.

Ind 14. Performance Evaluations are based on the Job Descriptions (JDs)

Survey Process:

Review the periodic performance evaluations of the staff (quarterly/yearly as the case may be) using a prescribed check list and see if those are based on the respective job descriptions.

Scoring:

- If the record of periodic performance evaluations of the staff is maintained as above, then score as **fully met**.
- If the record of periodic performance evaluations of the staff is maintained but is deficient by up to 20% only, then score as **partially met**.
- If the record of periodic performance evaluations of the staff is not maintained as above, then score as **not met**.

Guidelines

Purpose of Personnel Files

The purpose of maintaining an updated personal record/credentials of the employee(s) at the clinic is important for the following reasons:

- It makes good sense to have accurate information handy and organized when it is to be used for official purposes.
- Immediate supervisors, if applicable, will eventually need to produce documentation about an employee's performance and work history.

Some records/information about the employee are required by the federal, provincial or district governments/other authorities and must be kept in the personnel files in an organized manner to make the access easy.

²⁴- Doctor having valid Registration with PM&DC.

²⁵- Dispenser means a qualified person certified and registered by the PMF. In view of the shortage of qualified HR, a person having matriculation preferably with science subjects and at least 3-years experience of working with a RMP duly certified by the doctor is acceptable till the time sufficient qualified staff becomes available. This relaxation is for the initial 3 years from publication of MSDS/RM.

The personal record / information about each employee is confidential and should only be accessible to the individuals at the HCE who require this information for official purposes which is only allowed after approval from a competent authority.

Since unauthorized access to personnel record can result in severe repercussions, any breach in this regard should make the responsible person liable to severe penalties. It should be ensured that personnel files (hard and/or soft copies) are properly secured and are not left unattended even during working hours. When verification of certain employment information of the HCE staff is asked by the people outside the organization, it should be ensured that only the information which has been authorized by the employee(s) is released. Employment verifications are usually required to support certain claims and requests, such as mortgage applications, credit applications etc. In this case, employee authorization should be in writing and should specify the information they wish you to reveal. Inform the employees that the policy is designed for their protection. It may be noted that the above details are equally applicable for both single-man clinics and HCEs having multiple employees.

Contents of Personal Record

The organizations maintain the following documents in an employee's personal record, as applicable:

- i. Curriculum vitae.
- ii. Photographs, x2 passport size.
- iii. A copy of the CNIC.
- iv. Copies of documents pertaining to all academic and professional qualifications and copies of trainings/certifications.
- v. Experience certificate(s) from previous employer(s), if any.
- vi. Offer letter and acceptance.
- vii. A signed copy of the job description (JD).
- viii. Medical/personal information form duly completed.
- ix. Leave record (if any).
- x. Salary Increment/Promotion.
- xi. Appraisal/Evaluation forms (if applicable)
- xii. Resignation/termination letter (whichever is received).

The owner/manager or the person in charge of the clinic should ensure that at least the following **credentials, duly verified** and updated, are available in personal records:

- i. Educational degrees/diplomas, both undergraduate and postgraduate.
- ii. Registration with registering/licensing body.
- iii. Pre-service and in-service trainings.
- iv. Related experience, both local and foreign.

Verification of Licensure/Certification

There should be a process to validate the authenticity of the credentials/the personal records from the primary source, such as the college, university, authority or training organization, as applicable and as per the following:

- i. Current licensure, certification or registration is verified with the primary source at the time of hiring and prior to renewal of employment.
- ii. Primary source verification will be through secure electronic communication or through a confidential written reference / letter.
- iii. In the event license, certification or registration of an employee has been revoked, suspended or rendered invalid, the HCE may terminate the concerned employee appointed against apposition requiring valid certification etc.

- iv. Practitioners should have current/valid registration with the respective registering authority/ professional council e.g. the PM&DC. The employee is responsible to provide proof of license, certification and/or registration and to notify to the manager any change in the status thereof immediately.
- v. Periodic updating of credentials is required to be a regular feature.

Orientation of the Staff

The HCE staff must go through important documents related to the allopathic system of practices including, but not limited to, the following:

- i. The PM&DC Ordinance 1962 and the PMDC (Amendment) Act 2012.
- ii. The PM&DC Code of Ethics for the Medical & Dental Practitioners.
- iii. PHC Act & Regulations prescribed thereunder
- iv. Minimum Service Delivery Standards (MSDS) for Clinics, prescribed by the PHC.
- v. HCEs and Patients Charters notified by the PHC.
- vi. The DRAP ACT 2012 and related SROs.
- vii. Drug Regulatory Authority of Pakistan Draft Rules, 2013.
- viii. Injured Persons Medical Aid Act 2004 amended 2012.
- ix. Hospital Waste Management Rules

Performance Appraisals

The clinic should prepare the performance appraisals system based on the Job Descriptions of the individual employees. The following format can be adapted to the local needs:

PERFORMANCE APPRAISAL FORMAT

ABC -----CLINIC -----XYZ

Name of the employee to be appraised:

Department:

Period of appraisal:

Date:

Knowledge	1	2	3	4	5	Skill	1	2	3	4	5
Attitude	1	2	3	4	5	Performance	1	2	3	4	5

(Grading increases with the number)

Recommendations:

Name & signature of the appraised

Name & signature of the appraiser

Assessment Scoring Matrix

Standard 5. HRM-1: There is documented personnel record of doctors and staff.

Indicator 13-14		Max. Score	Weightage	Grading Score
Ind 13.	Personal record/credentials of all staff of the clinic are maintained.	10	100%	
Ind 14.	Performance Evaluations are based on the Job Descriptions (JDs).	10	80%	
Total		20		

2.4 Information Management System (IMS)

Standard 6. IMS-1: Patient's clinical record is maintained

Indicators (15-16):

Ind 15. Every patient's record has a unique identifier and particulars for identification

Survey Process:

Check that a system of record keeping (computerized or manual) is in place. The patient record should contain the information including serial number, date, name, parentage/husband name etc. age, gender, address, CNIC/contact number etc. as per suggested format²⁶ and the symptoms / provisional diagnosis, treatment provided/ advised and referrals (if any). Patient record should be maintained in the clinic at least for one year for general record and lifelong for vital events²⁷ and medico legal cases (12 years or longer as required).

Scoring:

- If the patient's record is maintained as above, then score as fully met.
- If the patient's record is maintained but the information is deficient by about 20% only, then score as partially met.
- If no record is maintained or the deficiency is more than 20%, then score as not met.

Ind 16. Only authorized person/s make entries in the record

Survey Process:

The indicator requires that in case a person other than the doctor, when delegated to make entries in the record of the patients, except for prescription²⁸, should be authorized in writing to do so and his/her entries are traceable/identifiable when required. Name and designation of the doctor writing the prescriptions and the person making entries in other record must be mentioned therein, in pen or by stamp and should be signed²⁹.

Scoring:

- If the person writing prescription and the one making other entries in the patient records can be identified by name and designation from the record checked, then score as fully met.
- If the person writing prescription and the one making other entries in the patient records can be identified as above in 80% of the record checked, then score as partially met.
- If the person writing prescription and the one making other entries in the patient records can be identified as above but in less than 80% of the record checked, then score as not met.

²⁶- Format provided in the Guidelines.

²⁷- Except for the cases where retention for a longer period is required under some other statutes, which shall become applicable accordingly.

²⁸- Only a qualified doctor registered with the PM&DC is allowed to write the Prescription.

²⁹- Doctor himself in case of single person clinic. "The Healthcare service provider responsible to prescribe medicines should advise their proper use, dosage, etc." and use stamp under signatures.

Guidelines

Clinical Records

Although, there are a number of standards pertaining to the Information Management System (IMS) in the MSDS prescribed for the Hospitals (Category I and Category II HCEs), depending on the nature and scope of services, the requirement for clinics has been kept minimum and only one standard and one indicator has been prescribed.

A. Unique serial number and particulars of patient as identifiers

All documents of a patient must be consistently labelled with ONE unique number as an identifier so that it can be verified that documents correspond to a particular patient. A computer/manually generated unique serial number is the easiest and most accurate identification method. The patient's clinical record always becomes a focal point when there are questions regarding the care and treatment rendered. Therefore, it is important that the clinical record be maintained accurately and updated timely. The clinical record serves the following three primary purposes:

- 1) Provides documentary evidence of the patient's course of illness and treatment.
- 2) Ensures quality patient care.
- 3) Facilitates review, as and when needed.

The purpose of the clinical record, as it pertains to risk management, is to preserve the truth. In reality, a complete and accurate patient clinical record will protect the legal interests of both the patient and the healthcare service provider. The clinical record, if it exists, will provide justifiable defense, or will indict the responsible party where there is no justifiable defense. Accurate identification of a patient is the most important element in an effective and efficient clinical record keeping system and is needed to identify the patient and to ensure that each patient has only one record number, with one clinical record and no duplicates. In order to identify patients, UNIQUE PATIENT CHARACTERISTICS are required. The type and number of the unique patient characteristics used may change from one setting to the other. Recommended standard features are given hereunder:

Patient characteristics which do not change



- i. Full name
- ii. Computerized National Identification Card number (CNIC)
- iii. Gender
- iv. Date of birth (DoB)
- v. Father's first name
- vi. Mother's first name

The following are NOT considered permanent characteristics:

- Where a person lives is NOT a permanent patient characteristic because it can change.
- Age is NOT a permanent patient characteristic because it DOES change.
- It is important that a patient's birthplace is NOT used as it is often identified by most people as being the place where they "come from" as opposed to the place where they were actually born. Further, while this characteristic is not subject to change, other patients may share the same.

B. SOPs for chronology of the documentation

The SOPs demands that every time an entry is made in the records, it is dated and timed along with the particulars of the person making the entry.

Recording of date and time starts when a patient enters the clinic for seeking care. The first such record is entered in the register at the reception, when the purchi/slip is issued for consulting a doctor. Then, the attending doctor examining the patient, prescribes medicines or refers the patient to a dispensary, putting the date and time along with his/her signature on the slip. The dispenser must also sign and put the date after issuing the medicines.

Recording accurate date and time in the record is an important proof of the care and treatment rendered to the patient on time. It is a valuable source of data and an evidence for cost and resource management besides being helpful for coding and health research.

C. Up-to-date chronological record

Information recorded during or immediately after the occurrence of an event or provision of care, is more reliable and accurate record of care rendered, than information recorded later on the basis of memory. Chronological entries present a clear picture of the sequence of care provided and lists the events over time besides facilitating better communication amongst the care providers and patients. Late entries should be appropriately recorded as soon as possible and duly endorsed by the doctor or the person authorized to do so. Minimum requirements for patients' Clinical Records include at least the following:

- The unique identifying number of the patient.
- Name, address, date of birth, gender and person to be notified in case of an emergency.
- Symptoms, history and condition of the patient.
- Treatment provided or procedures performed.
- Report of the outcomes of the treatment or procedure and progress
- Final disposal after treatment.
- Signature of the treating doctor.
- The date and time of the current visit.

Suggested format of patient's clinical record is as under:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Unique ID	Date	Time	Visit #	Name	Parentage	Age	Gender	Weight	Ph.	Add.	Allergy	Symptom/history/Condition	Finding	Treatment

D. SOPs for Referral of Patients

In case of referral of a patient to another clinic/hospital, written communication is to be sent from the referring clinic and a copy of the same is to be retained in the patient's record. If the patient is transferred at his/her own request, a note to that effect should be added in the patient's record mentioning the name of the hospital where the patient desires to be shifted.

The care/treatment carried out during patient transfer must be documented.

Death Record

In case of death of a patient at the clinic, preliminary details of circumstances leading to the death of patient, like primary and secondary cause of death, along with date and time should be documented on a death register separately maintained for this purpose.

Responsibility for Designation

The management of the clinic is responsible to designate and authorize, in writing, a person who shall maintain the records, especially updating entries related to patient care, dispensing, stocks of medicines, clinic staff, other legal documents etc.

SOPs for identification of medical record entries

- I. The clinic maintains a list of authorized persons along with details of the documents they can sign. The list also contains their specimen signatures, initials and the stamps they use. Specimens of both initials and full signatures are important for identification of a person as they are used in different situations and in different documents/records. The professional signing the official documents relating to patient care, such as prescriptions, patient records and other reports, shall clearly write his/her name, title and the date in block letters on the documents and stamp the same. A sample of such an authorization is given in the table below:

Table of Authorization (manual/computerized)

Sr.#	Name/Position	Authorization	Initials	Signature	Stamp
1.	Doctor/(s) _____				
2.	Dispenser _____				
3.	Clerk/Assistant				

- ii. The Clinic must keep this authorization in a file which should be updated as and when new staff/signatories are added, along with a list containing details of the individuals who can and cannot sign.
- iii. In case of a single-man clinic, the doctor/(s) may also place his/her specimen signature, both initials and full signature, on record.
- iv. In case computerized records are maintained, the Table of Authorization should also reflect the name and designation of person responsible for the same.

Assessment Scoring Matrix

Standard 6. IMS-1: The patient's clinical record is maintained.

Indicator 15-16		Max. Score	Weightage	Grading Score
Ind 15.	Every patient's record has a unique identifier and particulars for identification.	10	80%	
Ind 16.	Only authorized person/s make entries in the record.	10	80%	
Total		20		

2.5 Quality Assurance / Improvement (QA)

Standard 7. QA-1: The clinic has Quality Assurance / Improvement system in place

Indicators (17-18):

Ind 17. A quality assurance system is in place

Survey Process:

The objective of the indicator is to ensure that the activities performed by the clinic staff and the services provided are as per the facilities portrayed/displayed and are delivered to the patients according to the prescribed minimum service delivery standards. The clinic in-charge should periodically (daily/weekly/monthly/yearly) check the facilities provided for the comfort of patients like reception/ guidance, sitting arrangements, drinking water, ventilation etc. as well as the professional services being provided at the clinic, by using a quality assurance checklist,³⁰ to ensure that the services conform to the minimum standards. The duties assigned to the staff should be included in the JDs and evaluated on the basis of checklist which shall be dated signed and kept in record.

Scoring:

- If there is a written record of periodical/planned/unplanned checks regarding the above parameters and dispensation of responsibilities assigned to the staff, then score as fully met.
- If there is a written record of periodical/planned/unplanned checks but there are inconsistencies in up to 20% cases, then score as partially met.
- If there is no record or compliance is less than 80% then score as not met.

Ind 18. A quality Improvement system is in practice

Survey Process:

This indicator requires to demonstrate actions taken by the doctor/administrator/manager to make improvements in the quality of services based on the observations recorded during periodic evaluations as provided under indicator 17.

Scoring:

- If there is a written record of actions taken as above, then score as fully met.
- If there is no written record of actions taken as above but the quality improvement/QA is demonstrated, then score as partially met.
- If neither the record of actions taken nor the quality improvement is demonstrated, then score as not met.

Guidelines

Quality Assurance Plan

1. In charge Clinic is personally responsible under a written order.
2. The designated person is trained for desired actions to ensure QA of all processes involving preventive, promotive, curative, rehabilitative and referral management.
3. All staff is provided with their respective JDs, SOPs and SMPs under their signatures.

30- Checklist provided in the guidelines.

4. The staff is trained and guided in performing their respective duties.
5. Daily monitoring according to checklist for facilities for patient comfort, infrastructure and equipment.
6. Noting deficiencies for correction.
7. Keeping the equipment functional as far as possible.
8. "Assessment Scoring Matrix provided at the end of each set of standard and its associated indicators is required to be used by the clinics' respective staff for self assessment to ensure their compliance with MSDS for Gps/Family Physicians/Specialist Clinics prescribed by PHC. "
9. Investigating complaints and using their results for improvement of patient care/process/system.
10. The activity is monitored by the in-charge through his/her own check list.
11. Record of monitoring checklists is kept as documentary evidence.

Quality Improvement Plan

1. In charge Clinic is personally responsible under a written order.
2. The designated person is trained for desired actions to ensure QI of all processes involving clinical management.
3. MSDS Self Scoring Matrix provided in Section-4 of this publication is used by all respective staff to ensure their compliance with MSDS for GP Clinics prescribed by PHC.
4. Investigating complaints and using their results for improvement of patient care/process/system.
5. The activity is monitored by the in-charge through his/her own check list.
6. Using the patient feedback to improve the system.

HCE PERFORMANCE MEASURING CHECKLIST FOR INCHARGE

1	Name of HCE:		
2	Name of in charge:		Designation:
3	Date of inspection:		Time:
Daily/Weekly Monitoring Tasks		Observation	Recommendation
4	General Cleanliness		
5	Washroom cleaned/Functional		
6	Drinking Water available		
7	Seating arrangement for patients		
8	UPS/Generator functional		
9	Staff Attendance register/Biometric/Movement register /Leave register		
10	Staff wearing identification badges		
11	Emergency room ready / drug list/essential supply		
12	Oxygen cylinder filled/ready		
13	Clinic waste disposed of properly		
14	Sterilization/Hand washing facilities		
15	Daily expense register maintained		
16	Patient registration/Guidance system		
17	Patients privacy ensured during consultation/ examination		
18	Medicines are being labelled while dispensing		
Monthly /Quarterly Monitoring Tasks		Observation	Recommendation
1	- Medicine Storage as per guidelines - Expiry dates - Essential drug list updated		
2	Equipment functional status		
3	Fire-fighting arrangements		

4	Record review focusing on Unique Number, Completeness, Accuracy, Authorization, Legibility		
5	Weekly/Monthly staff meetings conducted/Minutes recorded		
6	Complaint register Maintained/Reviewed		
7	Any Sentinel event recorded		
8	Display of IEC Material		
9	High risk Obstetric Cases identification & documentation		
10	HCE/Patient rights charter displayed		
11	Leave register maintained		

GENERAL REMARKS

Signature of In-charge with designation

A sample of patient satisfaction assessment form is provided below;

Sr.#	Questions	Response	
1	Are you satisfied with the health services, behavior of staff and the environment at ABC Clinic_____?	Yes	No
2	If YES, how? (You can circle more than one response and write below)	a. Complete information provided. b. Services available when needed. c. Medicines available. d. Services are not costly. e. Convenient to reach the facility. f. Staff is courteous. g. Relevant staff is available. h. Privacy is observed. i. Female staff is available. j. I recovered after treatment. k. Other _____ (specify)	
3	If NO, why? (You can circle more than one) response and write below)	a. Issues of confidentiality. b. Issues of privacy. c. Lack of attention. d. Inadequate information provided. e. I was asked to come another time. f. Medicines not available. g. Medicines/services are costly. h. The facility is too far away from my home. i. Waiting time is too long. j. Staff is discourteous / Unsatisfactory behavior. k. Staff is not competent. l. Relevant staff NOT available. m. Female staff NOT available / Gender difference. n. I suffered from side effects of the treatment. o. Language barrier in communication with HCP. p. Other (specify) _____	
	Signatures of patient/relative:		
	Action by the person in charge with date:		

Assessment Scoring Matrix

Standard 7. QA-1: The clinic has Quality Assurance / Improvement system in place.

Indicator 17-18		Max. Score	Weightage	Grading Score
Ind 17.	A quality assurance system is in place.	10	80%	
Ind 18.	A quality Improvement system is in practice.	10	80%	
Total		20		

Standard 8. QA-2: Sentinel events are assessed and managed

Indicators (19-19):

Ind 19. The clinic has enlisted the sentinel events to be assessed and managed

Survey Process:

The clinic in-charge is required to define and enlist the possible sentinel events³¹. Surveyors should check for the list of possible sentinel events, record of any sentinel event assessed and managed in the last 12 months and results used for Quality Assurance/Improvement.

Scoring:

- If there is a list of possible sentinel events and evidence of having a sentinel event which was assessed and managed as above, then score as **fully met** OR If there is no evidence of having a sentinel event but the system to manage the same is in place then score as **fully met**.
- If there is neither a list nor a system in place to manage the sentinel events, then score as **Not met**.

Guidelines

Sentinel Events

Quality assurance and improvement is one of the most important and critical standards for any HCE, irrespective of its size or scope of services. However, in case of single-man clinics only one standard and one indicator has been prescribed.

It is essential for the person in charge, owner or manager of the clinic to have a better understanding of the QA program and plan. The most suitable standard for application at clinics is the analysis and management of sentinel events. A brief definition of a sentinel event and its assessment and management process are given below:

Definition

A sentinel event is defined as 'an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof'. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any recurring process variations that carry a significant chance of serious adverse outcomes. Such events are called 'SENTINEL' because they signal the need for immediate investigation and response. Medication errors, while significant and deserving attention, aren't the only type of medical errors the clinic needs to pay attention to. Most of the medical mistakes are preventable. In the clinics, the agreed understanding of a sentinel event is: *"Unforeseen events like severe drug reaction/anaphylaxis, wrong prescription, wrong patient, patient violence against clinic staff and violence against patients"*. The clinic has to put monitoring procedures in place, as part of an action plan to detect these events and determine a procedure for

- analyzing the root cause,
- taking appropriate corrective action and
- maintaining a record.

31- Unforeseen event like drug reaction, wrong prescription, wrong patient, patient violence against clinic staff, violence against patients etc.

(i) **Analysis of Sentinel Events**

Doctor/(s) are expected to identify and appropriately respond to all sentinel events occurring in the clinic or associated with the services provided at their clinics. Appropriate response includes conducting a timely, thorough and credible analysis; developing an action plan designed to implement improvements to reduce risk of recurrence, implementing the improvements and monitoring the effectiveness of the improvements.

(ii) **Root Cause Analysis**

Root cause analysis is a process for identifying the factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event and focuses primarily on systems and processes, not on individual performances. The analysis ranges from extraordinary discrepancies in clinical processes to common deviations from organizational processes and systems and identifies potential improvements in these processes or systems to decrease the likelihood of such events in the future.

(iii) **Maintaining Record**

Keeping the record of all sentinel events includes recording results of root cause analyses and maintaining the same at the clinic preferably using a standard format.

Preventive and Corrective Action Plan:

The outcome of the root cause analysis is an action plan that measures the methods which the clinic intends to employ in order to reduce the risk of the occurrence of similar events in future. The plan should address responsibilities for pilot testing, implementation and supervision and include appropriate time lines and tools for measuring the effectiveness of the actions.

Assessment Scoring Matrix

Standard 8. QA-2: Sentinel events are assessed and managed.

Indicator 19-19		Max. Score	Weightage	Grading Score
Ind 19.	The clinic has enlisted the sentinel events to be assessed and managed.	10	100%	
Total		10		

2.6 Assessment and Continuity of Care (ACC)

Standard 9. ACC-1: Portrayed³² service/s conform to the legal provisions

Indicator (20-26):

Ind 20. The services being provided at the clinic are displayed as per Code of Ethics

Survey Process:

The clinic's menu of services board should clearly display the scope of services being provided at the Clinic.

Scoring:

- If the displayed services are in compliance with the code of ethics, then score as fully met.
- If the displayed information is superfluous/misleading or no information is displayed, then score as not met.

Ind 21. The Specialized Services being provided conform to the standards³³

Survey Process:

The specialized services inclusive of consultation and specialized equipment based evaluation should be consistent with qualification, training and experience of the service provider (s) in the portrayed field as prescribed by the respective councils.

Scoring:

- If the specialized services are in conformity with the above parameters, then score as fully met.
- If the specialized services do not meet the above parameters, then score as not met.

Ind 22. The use and maintenance of specialized equipment conform to the standards. (Applicable only when portrayed)

Survey Process:

The use and maintenance of specialized equipment is ensured in accordance with the manufacturers guidelines on safety, infection control and accuracy of results. Surveyors are required to check the JDs of relevant staff in terms of use and maintenance of the equipment (duly signed by the employee and the employer³⁴), guidelines provided to them in that regard and the log book of the equipment to check the maintenance history.

Scoring:

- If the use and maintenance of specialized equipment is based on guidelines covering safety, infection control and accuracy of results evidenced as above, then score as fully met.
- If the use and maintenance of specialized equipment is not based on guidelines covering safety, infection control and accuracy of results required as above, then score as not met.

³²- Section 29 of PM&DC Ordinance 1962 amended 2012, Para 7 of Code of Ethics of Practice for Medical and Dental Practitioners by PM&DC and the remaining code in general refers.

³³- Applicable only when portrayed.

³⁴- Not applicable in a single person clinic.

Ind 23. The laboratory services, if provided, conform to the respective standards

Survey Process:

If the clinic has portrayed to provide laboratory services, those should conform to the respective standards in terms of equipment, staff and SOPs³⁵.

Scoring:

- If the laboratory services are in compliance with the above parameters, then score as fully met.
- If the laboratory services do not meet the above parameters, then score as not met.

Ind 24. The radiological/imaging diagnostic services, if being provided, conform to the respective standards

Survey Process:

If the clinic provides radiological/imaging diagnostic services, those should conform to the respective standards in terms of PNRA, equipment, staff and SOP³⁶.

Scoring:

- If the radiological/imaging diagnostic services are in compliance with the above parameters, then score as fully met.
- If the radiological/imaging diagnostic services do not meet the above parameters, then score as not met.

Ind 25. The Health Education is provided as per guidelines

Survey Process:

The surveyor is required to look for the display/availability of relevant health educational messages (on prevention of disease and promotion of health) and information, education, communication (IEC) material or written instructions delivered to the patients by the care provider.

Scoring:

- If there is a display/availability of relevant health educational messages / IEC material and consistent evidence that patients are guided on it, then score as fully met.
- If there is a display/availability of relevant health educational messages / availability of IEC material but inconsistent evidence that patients are guided on it, then score as partially met.
- If there is neither display of relevant health educational messages / IEC material nor any evidence that patients are guided on it, then score as not met.

Ind 26. The preventive services are provided as per guidelines³⁷

Survey Process:

The surveyor is required to look for the display of list of preventive services like Immunization, Family Planning, TB-DOTS, Malaria Control and Dengue etc. being provided. The specialized preventive services, if portrayed and being provided, should conform to the relevant guidelines.

35- Please see the Guidelines.

36- Refer to MSDS/RM for Radiological Diagnostic Centers.

37- Applicable only when portrayed.

Scoring:

- If the list of services being provided is displayed and the services being provided conform to the guidelines, then score as **fully met**.
- If the list of services being provided is not displayed or is not complete but the services being provided conform to the guidelines, then score as **partially met**.
- If there is no list of services being provided and any one of the services being provided does not conform to the guidelines, then score as **not met**.

Guidelines

Portrayal of Services

Under the allopathic system of treatment, services are provided to patients in line with the principles of diagnosis and treatment based on clinical methods involving observation of the patient, listening to presenting complaints, symptoms, personal and family history, findings on physical examination, eliciting the signs, advising the diagnostic tests where required and reaching a diagnosis for appropriate treatment/management.

It is important that doctor/(s) provide services to their patients according to their legitimate knowledge and skills, and the scope of medical services they are authorized to deliver on the basis of the terms of registration with PM&DC.

OEM Guidelines on specialized equipment

Manufacturers always provide a brochure containing guidelines/SOPs for its correct and appropriate usage. If a brochure is not provided in printed form, it will be available and can be downloaded from the company's website.

Use of Specialized Equipment

It is important for the specialists to follow these guidelines while using the equipment for the sake of their own/patient's safety and optimum outcomes.

Maintenance of Specialized Equipment

Specialized equipment if being used at the clinic should be maintained as per the guidelines of the original manufacturer. Only the equipment which is so maintained and calibrated can be expected to provide the accurate results and optimum outcomes. A simplified sample of Log Book is appended below:

Equipment Maintenance/Service & Repair Record ABC Clinic XYZ												
#	Name of the Equipment	Department	Date of Purchase	Name and address of Supplier	Date of Installation	Warranty Period	Date of Condemnation	Scheduled Maintenance	Date of Maintenance	Date of Calibration	Service/Repair Date	Remarks

Conformance of Specialized Services to the Standards

It is of immense importance that specialized services if portrayed and being provided at the clinics are provided by the qualified specialists registered with the councils e.g. the Cardiologist, Gynecologist,

Medical Specialist and the Psychiatrist etc. should have a specialization qualification approved and registered with PM&DC. It is also important that the equipment used in provision of such services has specifications and other parameters approved by the competent forum.

Scope of Laboratory Services integral with the Clinic

If the clinic has a clinical laboratory for quick confirming of the bedside diagnosis like Blood Sugar, Urine RE, CBC, BT, CT, Blood Grouping, ESR, strip based Pregnancy Test, Hepatitis B & C Rapid tests etc. provided the doctor and the staff is trained, it does not require any additional certification/license. However, if there is a Clinical/Pathology Laboratory which also provides commercial services, then it has to show its conformance with the MSDS for the Clinical/Pathology Laboratories and get licensed with PHC as an HCE.

Scope of Imaging Services integral with the Clinic

A Clinic may have a Radiological Diagnostic Facility for confirming the diagnosis only or for providing commercial diagnostic services to other than own patients. In each case it has to show its conformance with the diagnostic radiological equipment safety standards issued by PNRA, MSDS for the Radiological Diagnostic Centers and get licensed both with PNRA as well as the PHC.

Educational Material

Health Educational material/guidelines for prevention of common diseases in the form of banners, posters, pamphlets, wall hangings regarding MNCH, EPI, Malaria, TB, hygiene, Sanitation and Dengue etc. must be displayed and used to educate the clients.

Preventive Health Educational Material

The preventive services being provided at the clinic should be displayed in the form of a list e.g. Immunization, Family Planning, TB - DOTS, Malaria Control etc. These are specialized preventive services, which **if being provided**, should conform to the guidelines of the relevant programs, listed as follows:

- ⊗ Clinic staff should follow Vaccination Safety Protocols including vaccine & commodity arrival procedures and optimum storage temperatures.
- ⊗ Maintain cold chain within facility & outreach activity.
- ⊗ Nutrition program protocols (Target group, Mid Upper Arm Circumference (MUAC), Distribution of Food Protocols etc.).
- ⊗ Dengue control & prevention protocols.
- ⊗ Family planning protocols.
- ⊗ Malaria roll back program protocols.
- ⊗ IRMNCH Program protocols.
- ⊗ LHWs program protocols.
- ⊗ AIDS Control Program protocols.
- ⊗ T.B Control Program protocols etc.

Assessment Scoring Matrix

Standard 9. ACC-1: Portrayed Service(s) conform to the legal provisions.

Indicator 15-16		Max. Score	Weightage	Grading Score
Ind 20.	The services being provided at the clinic are displayed as per Code of Ethics.	10	100%	
Ind 21.	The Specialized Services being provided conform to the standards.	10	100%	
Ind 22.	The use and maintenance of specialized equipment conform to the standards.	10	100%	
Ind 23.	The laboratory services, if provided, conform to the respective standards.	10	100%	
Ind 24.	The radiological/imaging diagnostic services, if being provided, conform to the respective standards.	10	100%	
Ind 25.	The Health Education is provided as per guidelines.	10	80%	
Ind 26.	The preventive services are provided as per guidelines.	10	80%	
Total		70		

Standard 10. ACC-2: The clinic has a well-established patient management system

Indicator: (27-30)

Ind 27. The Clinic has established registration and guidance process³⁸

Survey Process:

Observe as well as check from the record that reception, registration and Guidance³⁹ system to facilitate the patients is practiced. Patients should be able to comfortably access the reception/reception staff, get registered and obtain purchi/token/token number/time. The reception staff is polite and guides the patients to wait for their turn/time for consultation/examination by the Doctor and/or explains such other requirement/s.

Scoring:

- If the reception, registration and guidance provided to patients (as applicable) is evident as described above, then score as **fully met**.
- If there are non-conformances to the above then, score as **not met**.

Ind 28. Standard/Ethical clinical practice is evident from patients' medical record

Survey Process:

Check that patients are assessed by the doctor by taking history, physical examination and documenting the related signs, symptoms, diagnosis/differential diagnosis and relevant evaluations, where applicable with the objective of providing quality care/treatment⁴⁰ or for referral to the higher level facility, adhering to the prescribed Code of Ethics⁴¹. Check documentary evidence of assessment, treatment or referral⁴² as the case may be by reviewing the representative sample of record of patients which can be a register/copies of prescription and or an elaborate record depending on the level of practice.

Scoring:

- If all checked records of the patients show documentation of patients' assessments and management according to the above, then score as **fully met**.
- If less than 20% of the record is deficient on the above, then score as **partially met**.
- If the record shows more than 20% deficiency on the above, then score as **not met**.

Ind 29. The clinic has referral SOPs

Survey Process:

Check that the written SOPs prescribed for safe and speedy transfer of referral patients in emergency are available and practiced. These SOPs should also describe how a patient is cared during transportation and provide necessary information to avoid confusion and delay in taking over at the receiving facility.

³⁸- Applicable for Clinics and Poly Clinics providing wider range of Healthcare Services where prior appointments may be necessary/desirable. Optional for single person GP clinics.

³⁹- Direction/guidance to patients regarding further actions in connection with their medical needs and its management i.e. Consultation/Specialized testing on equipment/dispensing/referral etc. The doctor himself or the qualified and authorized technician/assistant must explain the involved processes for safety/infection control etc. This requirement has to be included in the JDs of relevant staff.

⁴⁰- Standard Clinical Methods to be adopted while examining the patients.

⁴¹- PM&DC Code of Ethics of Practice for Medical and Dental Practitioners as displayed on the PM&DC website.

⁴²- Doctor is required to refer all those patients to appropriate HCEs who cannot be / should not be managed at his/her clinic due to the nature of their ailment or due to an emergency or medico legal nature. This needs critical judgment and ethical decision by the doctor. Check the records of patients referred in past 12 months to see the details, such as serial number, name, / son / daughter of / wife of / address, contact no., symptoms, provisional diagnosis, reasons for referral, date, time and place of referral, etc.

Scoring:

- If a clinic maintains and practices the referral SOPs as described above, then score as fully met.
- If a clinic does not maintain or practice the referral SOPs as described above, then score as Not met.

Ind 30.

The clinic has list of contact numbers of the referral facilities, medico legal authorities, concerned police stations, ambulance/rescue services and the social services organizations

Survey Process:

Check the availability of the list of contact numbers for transfer of patients/victims in emergency to obviate confusion and delay in transfers.

Scoring:

- If a clinic maintains contact numbers as described above, then score as fully met.
- If a clinic does not maintain contact numbers as described above, then score as Not met.

Guidelines

Registration and Guidance

This standard and indicator requires that a reception, registration and guidance process, supported by written SOPs/guidelines/checklists, should exist to match the needs of the patients. There shall also be a record depicting that these SOPs/procedures are being followed. Whether the reception, registration and guidance system is in place to facilitate and guide patients will be evident from the sign boards, directional arrows signs, registers and printed/handwritten chart(s).

The essentials of the process include, but are not limited to the following:

- Patients can comfortably access the reception desk and get registered without facing problems.
- The staff at the reception desk is polite and courteous.
- The staff at the reception desk take down initial patient data as registration and every new patient is allotted a unique ID number on the prescription form or slip and asked to wait for their turn for consultation.
- For patients coming for follow up visit/s, the reception staff verifies and retrieves their previous record from the computer or the register to entertain them as old patients.
- The staff guides the patients to the doctor's consultation room for examination / assessment and further management.
- Once seen by the doctor, patients may be guided to proceed to the dispensary to present their prescription and collect the medicine.

In case no formal reception desk is available at the clinic due to less workload, the above functions shall be performed by the doctor himself/herself or by the clinic assistant / dispenser.

Ethical Practices

As per the academic / professional training of doctors, and the Code of Ethics for Medical and Dental Practitioners, issued by PM&DC, it is expected that doctors assess patients by documenting observations, presenting complaints, , symptoms , personal and family history, findings on physical examination, eliciting the signs, advising the diagnostic tests where required and reaching a diagnosis for appropriate treatment/management, with the objective of providing quality care/treatment or referral within the facility or outside the facility.

Therefore, details regarding patient's assessment, clinical management and the disposal process should be available in the record as given below:

The clinical record must contain the following:

- History (in the patient's own words) and the intensity of symptoms, indicated in numerals/signs (Zero, one plus to 4 plus as +, ++, +++, +++) e.g. burning+, itching+++, numbness 0).
- Additional symptomatology from interrogation.
- Findings of the physical examination.
- Results of diagnostic tests.
- General line of treatment.
- Prescription.
- Follow up notes, prescriptions and instructions.

SOPs for Transfer of Patients

Following the decision to refer a patient to a hospital, there should be a written communication containing the reasons of referral with date, time, name of the receiving hospital and a copy of the same should be retained in the medical record of the patient.

If the patient has been transferred at his/her own request, a note to that effect is added in the patient's record. In such cases the name of the receiving hospital would be of the one where the patient desires to go to. However, if the patient has been transferred by the Clinic under care with medical staff, it shall have acknowledgment from the receiving hospital.

Any element of care/treatment carried out during patient transfer must be documented.

Emergency Contact Numbers

Providing advance / timely information and coordinating with the authorities who are going to take care of the referred patient in case of any serious emergency carries high importance and is highly recommended. Sometimes an incidence or law and order situations is required to be reported to law enforcement or other agencies like Rescue 1122. Therefore, list of contact numbers of at least the following HCEs/Organizations of the area must be available with the staff and displayed in the Clinic at a prominent public place;

- i. MS Teaching/DHQ/THQ Hospital.
- ii. EDO/DOH office
- iii. Trauma Center.
- iv. Blood bank.
- v. Concerned Police Station.
- vi. Rescue Service.
- vii. Fire brigade.
- viii. Police emergency 15.
- ix. Rescue 1122 and other ambulance services.

Assessment Scoring Matrix

Standard 10. ACC-2: The Clinic has a well-established Patient Management System.

Indicator 27-30		Max. Score	Weightage	Grading Score
Ind 27.	The clinic has established registration and guidance process.	10	100%	
Ind 28.	Standard/Ethical clinical practice is evident from patient's medical records.	10	80%	
Ind 29.	The clinic has referral SOPs.	10	100%	
Ind 30.	The clinic has list of contact numbers of the referral facilities, medico legal authorities, concerned police stations, ambulance/rescue services and the social services organizations.	10	100%	
Total		40		

2.7 Care of Patients (COP)

Standard 11. COP-1: Essential arrangements for emergency care exist

Indicators (31-32):

Ind 31. The Clinic has essential arrangements to cater for emergency care

Survey Process:

Check for the availability of list of emergencies (that are portrayed to be managed) and the required emergency / first aid kits.

Scoring:

- If the Clinic has arrangements to **manage the portrayed/listed** emergencies, then score as **fully met**.
- If any deficiency in the arrangements described as above exists, then score as **not met**.

Ind 32. The policy regarding home visit is portrayed and accordingly catered for

Survey Process:

This indicator is to see whether the policy of the clinic caters for home visits or not and that the same is displayed and practiced.

Scoring:

- If the clinic *portrays provision of home based care and arrangements for the same exist* OR if the non-provision of home based services is displayed, then score as **fully met**.
- If the clinic *portrays provision of home based care and arrangements for the same exist up to 80%*, then score as **partially met**.
- If the clinic *portrays provision of home based care but the same is not practiced or arrangements for the same do not exist*, then score as **not met**.

Guidelines

Essential Emergency Arrangements

The emergencies to be handled in the clinic/s would generally be either the patients reporting to the clinic with emergency ailments or the patients developing such symptoms while present at the clinic. Policies and procedures to deal with emergencies have to be tailored according to principles of treatment and the two major courses of action based on an accurate and ethical judgment/decision by the doctor/(s) would be: (i) treat the patient or (ii) refer them to an appropriate HCE. It is essential for all doctors/practitioners to use their clinical acumen to identify the ailments which can be easily and safely treated by them at their clinics. Some conditions which require immediate attention and provision of supportive care / first aid treatment include the following:

- Respiratory distress.
- Anaphylactic shock.
- Snake bite.
- Bleeding.
- Splinting the fractures.
- Pain management.

Arrangements to manage at least one patient each, of the above conditions at a time should be at the clinic. After providing initial treatment /Basic Life support (BLS) and stabilizing, the patient with above conditions may be referral to an appropriate HCE. Some of the conditions which can be managed at the clinics of the GPs/Family Physicians/Specialists include the following:

- I. Acute URTI presenting with bronchospasm
- II. Conjunctivitis presenting with acute pain and difficulty is opening of eyes.
- III. Acute skin rash.
- IV. Chicken pox and croup.
- V. Burning and stinging pains, insect stings, swelling of the lower eyelids, edema, and swollen joints after injury.
- VI. Mental and physical shock.
- VII. Control of bleeding, healing of wounds, bruising and swelling.
- VIII. Shock, exhaustion, muscular pain and sprains.
- IX. Stomach upsets, food poisoning, diarrhea and vomiting.
- X. Acute hay fever.
- XI. Some dry skin conditions.
- XII. Flushing of face and facial neuralgia.
- XIII. Throbbing headache and earache.
- XIV. Boils, chickenpox, measles and mumps.
- XV. Dry coughs.
- XVI. Burns and scalds before the formation of blisters, and sunburn.
- XVII. Constant urge to pass urine and dribbling of urine.
- XVIII. Any other similar condition.

Any of the above conditions that do not respond to medical treatment would require a referral to an appropriate HCE.

First Aid Kit

Doctors should maintain Kit/(s) containing emergency medicines and instruments to handle the above sort of emergencies at the clinics. Their content, in terms of the numbers and types of medicines may vary to match the local needs but the kit may include inter alia, the following :

- I. Tourniquet.
- II. Bandage.
- III. Triangular Bandage.
- IV. Splints.
- V. Crepe Bandage.
- VI. Disposable Syringes (3ML, 5ML, 10ML)
- VII. Inj Adrenaline.
- VIII. Inj. Dicloran.
- IX. Inj. Sosegon
- X. Inj. Avil 25 mg.
- XI. Inj. Maxolon.
- XII. Inj. Lasix 40mg.
- XIII. Inj. Solucortef 100mg.
- XIV. Inj. Valium 10 mg.
- XV. Inj. Serenace (Haloperidol).
- XVI. 25% Dextrose Water.
- XVII. 0.9% Saline drip.

- I. Isordil/Angised 5mg.
- II. TNT patch.
- III. Tablet Capoten 25 mg.
- IV. Tablet Disprin.
- V. Tablet Spiromide 20 mg.
- VI. Tablet Gravinate.
- VII. Sterile Gauze pkt.
- VIII. Saniplast.
- IX. Savlon/Pyodine.
- X. Cotton Roll.
- XI. Dermazine Cream.
- XII. Polyfax skin ointment.
- XIII. Polyfax eye ointment.
- XIV. Lidosporin ear drops.
- XV. ORS.
- XVI. Tears Naturale eye drops.
- XVII. Chloramphenicol eye drops 0.5%.
- XVIII. Tablet Paracetamol.
- XIX. Spasfon Tablets.
- XX. Scissors small.
- XXI. Torch.
- XXII. BP Apparatus.
- XXIII. Stethoscope.
- XXIV. Thermometer.
- XXV. Disposable tongue depressors.
- XXVI. ENT Examination set.
- XXVII. Disposable masks.
- XXVIII. Gloves disposable set.

The list is neither exhaustive nor absolute binding and the doctors should use their professional acumen and capacity to determine the contents of the emergency kit and to maintain for life saving ventures and to meet the needs of their practice.

Guidelines for Treatment of Emergencies in Clinics

- 1) When a patient comes to a clinic in an emergency condition, preference should be given to treatment/referral instead of documentation. The patient's particulars, name of person who brought the patient/s to the clinic, time of receiving the patient etc. are to be recorded after the emergency has been dealt with.
- 2) After providing first aid treatment to the emergency patient, medicines should be noted on a register. If the patient does not improve, he/she should be referred to an appropriate HCE by calling an ambulance/rescue service for transportation. Time of referral of patient and HCE referred to should be recorded. If the patient improves with the treatment at the clinic, the time of discharge should be recorded.
- 3) If the patient comes in with a surgical emergency, like an injury, it may be managed with first aid procedures, e.g. supporting or pressure bandaging, cardio-pulmonary resuscitation (CPR) etc.

- 4) The clinic staff should explain the condition of the patient to the relatives/attendants accompanying the patient. In case the patient is brought in by others, the family, relatives or friends of the patient are to be contacted to inform them regarding the patient's emergency.
- 5) The referral data should contain the following:
 - I. Patient's name.
 - II. Unique identification number.
 - III. Date and time the patient was attended.
 - IV. Significant findings.
 - V. Symptoms.
 - VI. Patient's condition on referral.
 - VII. First aid support provided.
 - VIII. Medication administered.
 - IX. Follow up advice and other instructions deemed necessary.

List of Referral Situations

- I. Patient with serious injury, particularly head injury.
- II. Patient with profound bleeding.
- III. Patient with suspected heart attack.
- IV. Patient in severe unrecognizable pain.
- V. Patient with severe vomiting and diarrhea (dehydration).
- VI. Patient with high grade fever.
- VII. Patient with pregnancy related complaints.
- VIII. Patient in shock due to electrocution.
- IX. Patient with burns.
- X. Patient with snake bite.
- XI. Insect bite.

- ✓ The clinics of the GPs/Family Physicians/Specialists should portray the list of emergency situations from amongst the above, which can be managed at the clinic.
- ✓ Records of all referred patients, with details such as serial number, name, son / daughter of, wife of, address, contact number, symptoms/condition, reasons for referral, date and time of referral, place of referral etc. should be available at the clinic.
- ✓ For evidence, review the record of up to 10 patients referred in past 12 months, or from the date of dissemination, whichever is earlier.

HOME VISIT POLICY



Medical services which a doctor can provide as a home service are quite variable according to the skills/expertise/personal policy of the individual doctor. However, the doctors are expected to perform all these services in compliance of Code of ethics for medical and dental practitioners prescribed by the PM&DC and the MSDS prescribed by PHC. Home services may span from a diagnosis and prescription writing to medication administration including drips, I & D, suturing of minor accidental cut to parturition. However, any case having even a minor doubt to be of medico legal background shall not be managed at one's home but referred to a HCE authorized for MLCs.

The services provided by the staff in the community must be displayed for awareness and sensitization of the community regarding their role and responsibilities and for their cooperation where certain legal bindings limit the services and direct referral. The clinic must have the proper kits/equipment for examination and expendable item supplies ensuring their being sterile accordingly.

Extra care is required to record the clinical record of such patients to avoid any suits. If a doctor does not practice home visits, then he or she must display this declaration prominently in the clinic. However in case of a desperate lifesaving call one is expected to save the life regardless of all other reservations.

Assessment Scoring Matrix

Standard 11. COP-1: Essential arrangements for emergency care exist.

Indicator 31-32		Max. Score	Weightage	Grading Score
Ind 31.	The clinic has essential arrangements to cater for emergency care.	10	100%	
Ind 32.	The policy regarding home visit is portrayed and accordingly catered for.	10	80%	
Total		20		

2.8 Management of Medication (MOM)

Standard 12. MOM-1: Prescribing practices conform to the standards

Indicators (33-35):

Ind 33. Standards for prescription writing are followed

Survey Process:

Check that the prescription is written according to the prescribed format and contains information such as serial number, name of patient, s/o, d/o, w/o, age, gender, date of visit(s), symptoms, provisional diagnosis and instructions regarding dosage/duration of use etc. are clear.

Scoring:

- If prescriptions are written as per above instructions, then score as fully met.
- If prescriptions are not written as per above instructions, then score as not met.

Ind 34. Prescriptions are clear, legible, dated, timed, named/stamped and signed

Survey Process:

Surveyors are required to check that prescriptions are legible, dated, timed, named, and signed by the doctor. Names of the medicines (trade or generic) are clearly written and there is no coding.

Scoring:

- If representative sample of prescriptions are as described above, then score as fully met.
- If only up to 20% prescriptions are not as above, then score as partially met.
- If more than 20% prescriptions are not as above, then score as not met.

Ind 35. Prescriptions are provided to the patients

Survey Process:

The prescriptions should be handed over to the relative patient and this can be checked by observing the practices as well as interviewing the patient/s who come for revisit or by checking the record maintained at the clinic (carbon copy, register, computer or a combination).

Scoring:

- If the clinic maintains record of prescriptions and provides the prescription slip to all the patients, then score as fully met.
- If the clinic maintains record of prescriptions and provides the prescription slip to the patients but there is non-conformity to the extent of 20% only, then score as partially met.
- If the clinic does not provide prescription to the patients in more than 20% of cases, then score as not met.

Guidelines

Prescription Writing

The prescription is one of the most important element of patient care and safety, but procedures of writing prescriptions vary from practitioner to practitioner, clinic to clinic and across disciplines of treatment. This standard and its related indicators provide guidelines with the minimum requirements which the doctor/(s) must follow while writing prescriptions. These include form used and details of record to be maintained such as serial and unique number, name of patient, s/o, d/o, w/o, age, gender, date of visit(s), symptoms and medicines prescribed. Instructions for use, with duration, should also be clearly mentioned. A description of a prescription and the information it should contain is given below to help the clinic staff/dispenser in dispensing the medicines.

Prescription

'Prescription' is derived from the Latin word 'prescripto' (pre: before, scripto: write). Prescription is a written document (order) given by a practitioner to the dispenser for the preparation of the required medicine and contains instructions regarding the use of the medicines for a particular patient at a particular time. The doctor may choose to dispense the medication himself, instead of getting it done by a trained and authorized person/dispenser, but the patient has to be provided the prescription and the record thereof must be maintained.

Prescription Writing Guidelines

- ✓ **Prescriptions must always be written in a definite pattern, following a standard and universal arrangement, to ensure uniformity. It should be legible and neatly written without any coding, so as to be easily interpreted.**
- ✓ **The information should be complete, accurate and unambiguous.**
- ✓ **The doctor should write only the allopathic medicines.**
- ✓ **Prescriptions should be written in simple form.**

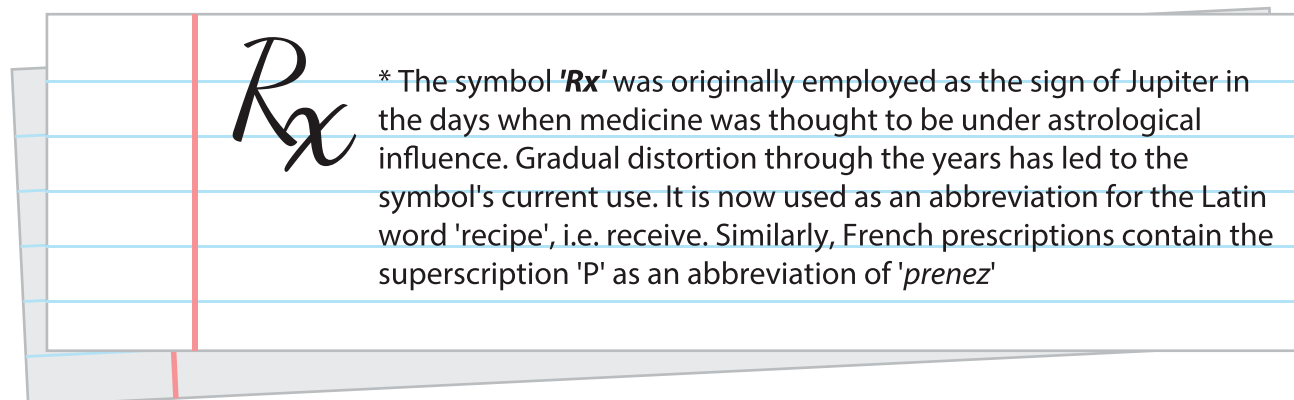
A prescription is an instrument used by the practitioner, dispenser and patient on which the doctor prescribes, the dispenser dispenses the medicine according to the prescription and the patient uses the prescribed medicine as per the instructions given in the prescription.

The generally prevailing practice among doctors is to write prescription on a small chit ('*parchi*') the giving names of medications and used by the dispensers for dispensing purposes where only codes numbers of the medicines are given. The medicine is dispensed to the patient either in a small plastic bottle, or in the form of tablets or a liquid, or wrapped in a small piece of paper or all together, with little or NO information regarding the name, date, frequency of use, etc. In order to change this practice and improving the quality of care and better record keeping, a standard procedure is being presented.

Form of the Prescription

Prescriptions are usually written on prescription forms, with the name, address, telephone number, registration number and other relevant information printed on them. A standard prescription must contain the following information, in a definitive order:

- i. **Superscription** includes patient related information, such as the name age, gender and address of the patient. Full name and address of the patient is necessary to be written at the top of the prescription for identification purposes should always place it at the top of the prescription and the name of the patient should also be copied on to the label, by the dispenser, for identification purposes. It would then be possible to identify or contact the patient with the help of the address, in case of an emergency.
- ii. **Inscription** ***Rx** is the body of the prescription which includes the name of the medicine, its potency and quantity. This is the actual treatment decided by the doctor for the patient. The name of the medicine, along with its potency, form, frequency, timings, days of use and quantity is written in this part of the prescription.



- iii. **Subscription** includes instructions and directions for the dispenser regarding dispensing the medicine, the dosage, the duration and the route etc. for dispensing of the medicines.
- iv. **Instruction** includes directions to the patient. In this portion of the prescription, the prescriber writes directions for the use of the medicine by the patient. This should be short, simple, comprehensible and complete and must include:
 - a) How to take the medicine, the route of administration and the time of taking medicine.
 - b) When to report back.
 - c) Advice regarding diet and regimen to be followed.
 - d) Any other instructions or caution to the patient.
 - e) The dispenser must also transfer these directions onto the label of the container of the dispensed medicine.
- v. **The signature** of the doctor/(s), along with his/her PM&DC registration number, is essential as this makes the prescription valid and authentic. If name and PM&DC registration number of the doctor is printed on the prescription pad/slip, only putting signatures will be sufficient.

Date and time must be mentioned on the prescription when it is written and again, when it is dispensed at the pharmacy. The date is important in establishing the record of the patient and helps the pharmacist to detect cases where prescriptions were brought in for dispensing. A format for the prescription is given below as sample:

CLINIC xxx

Dr. X.Y.Z

PM&DC Reg. No.0000-P
Ph: 0423-0000000 Cell: 0300-00000

Superscription

Ref. No. (Unique Identifier) _____ **Time** _____ **Date/s** _____ **No. of Visit** _____

Patient Name _____ **S/o, D/o, W/o** _____

Age _____ **Gender** _____ **Weight (kg)** _____ **Contact No.** _____

Address _____

Allergies _____

Presenting Complaints _____

History _____

Findings _____

Provisional/Diagnosis _____

INVESTIGATIONS

Inscription

Subscription

Instructions

(Signature & Stamp)

24/7 Emergency Call Number 010101010
Consultation Days xyx – Consultation Timings 00:00 to 00:00

Steps: Prescribing to Dispensing



Dispensing takes place at the clinic's pharmacy, where the doctor/(s) himself, or the dispenser, interprets the prescription and delivers the medicine to the patient. The doctor may do so himself or may give written instructions to the dispenser. The prescription order is part of the professional relationship between the prescriber, dispenser and the patient. It is the responsibility of the dispenser to provide the medicine to the patient and to maintain the trust of both the prescriber and the patient, including maintenance of confidentiality. Medicines being taken by a patient and the nature of his/her illness is a private matter, which must be respected and kept confidential.

Processing the prescription order: dispensing the medicine

A strict dispensing routine is essential to ensure safety, speed, neatness and efficiency. Proper procedures include reading, checking, putting number and date, preparing, labelling, packaging, rechecking, delivering and guiding, recording, filing and pricing the prescriptions.

i. Checking the prescription

The prescription order should be read completely and carefully and there should be no doubt as to the nature and quantity of the prescription. If something is illegible or confusing or if there appears an error, the prescriber should be consulted. The dispenser should never attempt to guess, making it essential to take every precaution so as to eliminate mistakes in interpreting the prescription. It is the responsibility of the pharmacist to detect prescriptions that have been forged by the patient.

ii. Putting number and date

It is advisable to put number and date on the prescription order and copy the same on to the label of the medicines dispensed which serves to identify the prescription for future reference.

iii. Labelling

The medicine dispensed as per the prescription should have an aesthetic and professional-appearing label, the size of which should be in accordance with the size of the container. Separate label should be made for each medicine as per prescribed. The labels, 'for internal use' and 'for external use only' should also be properly prepared and distinctly pasted.

iv. Preparation of medicines as per the prescription

This requires adequate care and precaution by the dispenser, who must always carry the prescription along while dispensing the medicines in the dispensary. It serves as a constant reminder of the name and potency of the medicine and helps avoid mistakes.

v. Rechecking

Every medicine dispensed should be rechecked and compared with the prescription and the details on labels must also be verified against the prescription order to crosscheck the minutest details. Before handing over the medicines to the patient, the dispenser must crosscheck again

to ensure that the correct preparation for the correct patient has been provided and correct directions have been stated on the label.

vi. Delivering and patient counseling

When presenting the medicine to the patient, the dispenser should draw attention to any auxiliary labeling instructions. It is advisable for the dispenser to reinforce the directions to the patient while dispensing the medicine. Written directions outlining the proper use of the prescribed medicine should be provided. In most clinics, it is a routine practice to place the medicine in a small paper/plastic envelope and/or a 'Purria' (پُریا) and label it with the numbers 1, 2, 3 etc. signifying 'morning or day 1, afternoon or day 2, evening/night or day 3' and so on. Color coding is also used to guide illiterate patients regarding medication administration times.

vii. Recording and filing

Proper filing of the prescriptions is to be carried out for maintaining records, as well as reference and research.

viii. Pricing and receipt preparation

The prescription is ultimately priced and a receipt is delivered, if required by the patient, to complete the process.

Clarity of Prescriptions

- i. Prescriptions should be legible and neatly written without any coding, so as to be easily interpreted.
- ii. The name of the patient, date, time and signatures by the doctor should be there.
- iii. The information should be complete, accurate and unambiguous.
- iv. The doctor should write only the allopathic medicines.
- v. Prescriptions should be written in simple form.
Prescriptions must always be written in a definite pattern, following a standard and universal arrangement, to ensure uniformity.

Provision of Prescriptions to Patients

- i. Prescriptions should be handed over to the patient for referral to it while using the medicines accordingly, whenever in doubt and as a personal record for future use if required.
- ii. A carbon copy of the prescription is to be kept in clinic record as per policy for any repeat requirement or in case of any legal issue.

Assessment Scoring Matrix

Standard 12. MOM-1: Prescribing practices conform to the standards

Indicator 33-35		Max. Score	Weightage	Grading Score
Ind 33.	Standards for prescription writing are followed.	10	100%	
Ind 34.	Prescriptions are clear, legible, dated, timed, named / stamped and signed.	10	80%	
Ind 35.	Prescriptions are provided to the patients.	10	80%	
Total		30		

Standard 13. MOM-2: Storage & dispensing conforms to the guidelines**Indicators (36-40):****Ind 36. Medicines are stored as per guidelines****Survey Process:**

The guidelines for safe storage of drugs used for dispensing in the clinic include inter alia: i. proper stacking of the medicines in groups to differentiate common drugs, injections, look alike and sound alike medicines within the rack/cupboard; ii. ventilation; iii. labelling⁴³ iv. Temperature & humidity control/refrigerator for sensitive drugs like vaccines/sera etc. v. protection of high risk and narcotic drugs and vi. record of expiry dates of all the medicines.

Scoring:

- If the medicines are stored as per above referred guidelines, then score as fully met.
- If implementation of parameters at serial nos. i & ii is inconsistent, then score as partially met.
- If implementation of any one of the parameters at serial nos. iii, iv, v & vi is inconsistent then score as not met.

Ind 37. Expiry dates are checked prior to dispensing, as applicable**Survey Process:**

Check 5 randomly selected medicines dispensed or to be dispensed and verify that the medicines are within the expiry date printed on the label as per Drug Act/Rules.

Scoring:

- If all 5 randomly selected medicines dispensed or to be dispensed are within the expiry date, then score as fully met.
- If any of randomly selected medicines dispensed or to be dispensed are not within the expiry date, then score as not met.

Ind 38. Labelling requirements are implemented⁴⁴**Survey Process:**

The indicator requires to confirm that medicines prescribed by a doctor for dispensing are correctly dispensed and utilized by the patient. Observe that the dispensed medicine/s, (bottle or sachet/envelope) indicate patient name/record number, instructions to use, dosage and date of issue. Check sample of 4-6 of dispensed medications to determine how they are labelled⁴⁵.

Scoring:

- If all medications are labelled as above, then score as fully met.
- If all medications are not labelled as above, then score as not met.

43- Establishment of appropriate systems may require a negotiated implementation time frame in some clinics.

44- Not applicable where the Practice is only to the extent of prescription writing.

45- Understanding of the indicator is that the instructions on the sachet/bottle/leaflet/label will be substantiated with handwritten instructions on the prescriptions/envelops which surveyors will check.

Ind 39. Dispensing is done by an authorised person⁴⁶

Survey Process:

The indicator requires that the person made responsible to dispense the medicines is either a qualified and registered professional, or is able to **correctly read** and **identify** the **medicines prescribed by the doctor from those in the store/cabinet**. In such cases, the person has to be, at the least, a matriculate preferably with science subjects, having not less than 3 years' experience of working with a qualified practitioner registered with the PMDC and duly certified by the doctor accordingly. This relaxation is provided till a sufficient number of qualified dispensers registered with the PMF are available in the market. He/she must **also be able to correctly distinguish look alike, sound alike and high risk medicines and to dispense correctly under supervision of the doctor**.

Scoring:

- If the dispensing of the medicines is by an authorized person as described above, then score as fully met
- If the person dispensing is neither qualified / registered nor able to perform as described above, then score as not met.

Ind 40. Adverse drug reaction/s (ADRs) are reported

Survey Process:

Check the SOPs regarding reporting of ADR if any occurred.

Scoring:

- If there are SOPs to follow on occurrence of ADR and they are practiced, then score as fully met.
- If there are no SOPs to follow on occurrence of ADR or they are not practiced, then score as not met.

Guidelines

Storage and Dispensing Policy

Safe storage of medicines is an important aspect of their remaining effective and safe. Proper environmental control (i.e., proper temperature, light, and humidity, conditions of sanitation, ventilation, and segregation) must be maintained wherever drugs and supplies for dispensing at the clinic are stored. Storage areas must be secure; fixtures and equipment used to store drugs should be constructed so that drugs are accessible only to designated and authorized personnel. Safety is also an important factor, and proper consideration should be given to the safe storage of poisons and flammable compounds. Medications for external use should be stored separately. Medicines requiring temperature control including vaccines must be stored in a refrigerator. Food items/drinks should not be kept in the same refrigerator.

Drug Storage Site Inspections

Quarterly inspections of all medicine storage areas within the clinic shall be carried out by the technical in charge. A **Written Record** shall verify that **Safe Storage Practices** including the following are implemented:

⁴⁶- Intravenous Injections, infusions and high risk medicines are only to be dispensed by a qualified and registered pharmacist, nurse, dispenser or medical technician under supervision of a doctor registered with PM&DC or the doctor himself.

- i. The storage is properly maintained using stacks, bin cards/labels and inventory control documents as indicated.
- ii. Medications are stored securely and accessible to the authorized personnel only.
- iii. Narcotic and controlled drugs are stored under lock and key.
- iv. Standards of neatness and cleanliness are consistent with good medicine handling practices.
- v. Reconstituted medications are properly labelled with expiry and preparation date.
- vi. Illegible labels are replaced.
- vii. Liquid bottles are clean and free of spills.
- viii. Disinfectants and drugs for external use are stored separately from internal and injectable medications.
- ix. Non-pharmaceuticals are stored separately from medicines in the store room/fridge.
- x. Expired or obsolete medications are not stocked.
- xi. Medications are not overstocked.

Medications which may be required on an urgent or emergency basis are in adequate supply and readily available (Emergency Box, Crash Carts).

Importance of Expiry Dates

Medicines are known to be safe in terms of their use due to their manufacturing techniques and biochemical properties. All medicines being produced in Pakistan are labelled with date of production and date of expiry as per law. Therefore, medicines are not to be used beyond their labelled shelf life.

Labelling and Packing Rules

The Government of Pakistan Drugs (Labelling and Packing) Rules of 1986 govern the manner of labelling of pharmaceutical products and the clinic pharmacy shall ensure compliance of the labelling requirements and conformance to other applicable terms and conditions before acceptance the stock/supplies. Healthcare Service Provider shall label all medications, medication containers (syringes, medicine cups, basins), or other solutions. This ensures safe medication practices and addresses a recognized risk point in the safe administration of medications under various procedural settings. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers.

A standardized method⁴⁷ for labelling all medications will minimize errors. Whenever one or more medications are prepared but are not administered immediately, the medication syringe/vial will be labelled with drug strength, date, time and secured in such a way that it can be readily determined that the contents are intact and have not expired. At a minimum, all medications are labelled with the following information:

Medication Labelling Checklist

- i. Patient's name.
- ii. Medication name, strength (concentration) and amount.
- iii. Expiry date when not used within 24 hours.
- iv. Expiry time when expiry occurs in less than 24 hours.
- v. The date prepared and the diluents, for all compounded I/V admixtures and parenteral nutritional solutions.

When preparing medications for multiple patients, or when the person preparing the medications is **NOT THE PERSON** administering the medication, the label must include the **"Patient name"**. In surgical

47- Department of Pharmacy Policies and Procedures. (2011). Medication Labeling. Retrieved from <http://pharmacy.uams.edu/PPN/PPN523.htm>

or other procedural settings (radiology, other imaging services, endoscopy units, and patient care units) where “bedside” procedures are done, when medications are drawn up and put on the sterile field for use during that specific procedure, at a minimum, the label will include the following:

Bedside Medication Labelling Check List

- i. Medication name.
- ii. Medication strength (concentration).
- iii. Medication amount (if not apparent from the container).
- iv. Expiry date is required if the medication will not be used within 24 hours.
- v. Expiry time is required if the expiry will occur in less than 24 hours.
- vi. Date prepared and the initials.
- vii. Any remaining medication must be discarded immediately after the case/procedure.

If, during the perioperative or peri-procedural process, a solution or medication is poured, drawn into a syringe, or otherwise used from its original container and immediately administered, or disposed of in some fashion, labelling is not required.

Authorization to Administer the Drugs/Medications

Administering a medication to treat a patient requires specific knowledge and experience. Each HCE/Clinic is responsible for authorizing those individuals who have the requisite knowledge and experience, and who are also permitted by licensure, certification, laws or regulations to administer medications (PMDC Ordinance 1962, PMDC Amendment Act 2012, PNC Ordinance, Pharmacy Council Act, Punjab Medical Faculty Act, Pakistan Injured Person Act etc.) Similarly, special permissions are required to administer controlled substances or radioactive and investigational medications. In emergency situations, the clinic identifies any additional individuals permitted to administer medications. This is done according to size and workload of the clinic. A Specimen for Listing of Professionals Authorized to Administer the Drugs/Medications is provided below;

Specimen List of Professionals Authorized to Administer the Drugs/Medications

Sr.#	Particulars of Professionals	Authorization PMDC/PNC/PMF etc.	Validity Date
1.			
2.			
3.			
4.			
5.			

Signatures of Administrator HCE/Clinic _____
 Date _____

Reporting of Adverse Drug Events

Medicines likely to cause adverse drug reactions (ADRs) (“high-risk” drugs) should be identified, and their use should be restricted with utmost care. Examples of drugs that may be considered as of high risk include aminoglycosides, amphotericin, antineoplastic, corticosteroid, digoxin, heparin, lidocaine, phenytoin, theophylline, thrombolytic agents, and warfarin.

All ADRs should be reported to the supplier/s of drugs, the manufacturer (or both) as well as the Drug Regulatory Authority (DRAP) on simplified format provided as under:

ADVERSE DRUG REACTION REPORTING FORMAT				
Name of Clinic/HCE reporting the problem of Pharmaceutical Product:				
Name of contact person:			Position:	
Address:				
E-mail address:				
Tel:(office)		(Fax)	(mobile)	
Date of receiving complaint:				
Source of Complaint	O Patient	O Attendant	O Self-inspection	Other:
Number of similar reports received:			Attach Results of tests if conducted:	
Has manufacturer/distributor been contacted earlier? _ No _ Yes (If yes attach details)				
Attach photocopies, package insert and press clipping about the product if any)				
DETAIL OF THE PRODUCT				
Name of the product:			Pack size:	
Active Ingredients and Strength:				
Registration number:		Dosage Form: Tablet/Syrup/Powder/Injection/Drip		
Batch number		Expiry date		
Manufacturer Name:				
Address				
Tel	Fax		Manufacture date	
Name of Reporting: _____		Post: _____		
Mobile #: _____		Phone# _____		Date: DD/MM/YYYY
Sig of Reporting Person: _____ PMDC/PCP/PNC Registration Number: _____				

Following is additional information on the subject:

Identifying the problems leading to ADRs, planning for positive changes, and measuring the results of these changes are important. Positive outcomes resulting from an ADR reporting should be emphasized to support safety efforts.

A comprehensive ADR-monitoring and reporting should be an integral part of a Clinic/HCEs drug use system.

An ADR-monitoring and reporting program should include the following features:

- a. The program should establish:
 - I. An on-going and concurrent (during drug therapy) surveillance system based on the reporting of suspected ADRs by pharmacists, physicians, nurses, or patients.
 - II. A prospective (before drug therapy) surveillance system for high-risk drugs or patients with a high risk for ADRs.
 - III. A concurrent surveillance system for monitoring alerting orders. Alerting orders include the use of "tracer" drugs that are used to treat common ADRs (e.g., orders for immediate doses of antihistamines, epinephrine, and corticosteroids), abrupt discontinuation or decreases in dosage of a drug or stat orders for laboratory assessment of therapeutic drug levels.
- b. Prescribers, caregivers, and patients should be notified regarding suspected ADRs.
- c. Information regarding suspected ADRs should be reported to the pharmacy for complete data collection and analysis, including the patient's name, the patient's medical and medication history, a description of the ADR, the temporal sequence of the event, any remedial treatment required, and outcomes.
- d. High-risk patients should be identified and monitored. High-risk patients include but are not limited to pediatric patients, geriatric patients, patients with organ failure (e.g., hepatic or renal failure), and patients receiving multiple drugs.
- e. The cause(s) of each suspected ADR should be evaluated on the basis of the patient's medical and medication history, the circumstances of the adverse event, alternative etiologies, and a literature review.
- f. A method for assigning the probability of a reported or suspected ADR (e.g., confirmed or definite, likely, possible, and unlikely) should be developed to categorize each ADR. Algorithms may be useful in establishing the causes of suspected ADRs. Subjective questions and the professional judgment of a pharmacist/dispenser can be used as additional tools to determine the probability of an ADR.

Questions might include the following:

- 1) Was there a temporal relationship between the onset of drug therapy and the adverse reaction?
 - 2) Was there a de-challenge; i.e., did the signs and symptoms of the adverse reaction subside when the drug was withdrawn?
 - 3) Can signs and symptoms of the adverse reaction be explained by the patient's disease state?
 - 4) Were there any laboratory tests that provide evidence for the reaction being an ADR?
 - 5) What was the patient's previous general experience with the drug?
 - 6) Did symptoms return when the agent was re administered?
- g. A method for ranking ADRs by severity should be established.
 - h. A description of each suspected ADR and the outcomes from the event should be documented in the patient's medical record.
 - i. Serious or unexpected ADRs should be reported to the Drug Regulatory Authority (DRAP) or the drug's manufacturer (or both).
 - j. All ADR reports should be reviewed and evaluated by a designated multidisciplinary committee (e.g., a pharmacy and therapeutics committee).
 - k. ADR-report information should be disseminated to health care professional staff members for educational purposes. Good topics for medical staff education include preventing ADRs and appropriate and effective care for patients who experience ADRs. Educational programs can be conducted as morning "report" discussions, newsletters, algorithms for treatment, and multidisciplinary reviews of drug-use evaluations. Patient confidentiality should be preserved.

- l. In settings where it is possible, a pharmacy-coordinated ADR team or committee, consisting of a physician, nurse, QI leader, an administrator, and a pharmacist is recommended. The team should be charged with adopting a definition for the organization, promoting awareness of the consequences of ADRs, establishing mechanisms for identifying and reporting ADRs, reviewing ADR patterns or trends, and developing preventive and corrective interventions.
- m. Continuous monitoring of patient outcomes and patterns of ADRs is imperative. Findings from an ADR monitoring and reporting program should be incorporated into the organization's on-going quality improvement activities. The process should include the following:
 - 1) Feedback to all appropriate health care staff.
 - 2) Continuous monitoring for trends, clusters, or significant individual ADRs.
 - 3) Educational efforts for prevention of ADRs.
 - 4) Evaluation of prescribing patterns, patient monitoring practices, patient outcomes, and the ADR program's effect on overall and individual patient outcomes.

An overall goal of the ADR process should be the achievement of positive patient outcomes⁴⁸



48- Society of Health-System Pharmacists. (1995). AHSP guidelines on adverse drug reaction monitoring and reporting. American Journal of Health-System Pharmacy. 52:417-9.

Assessment Scoring Matrix

Standard 13. MOM-2: Storage and dispensing conforms to the guidelines.

Indicator 36-40		Max. Score	Weightage	Grading Score
Ind 36.	Medicines are stored as per guidelines.	10	80%	
Ind 37.	Expiry dates / shelf life are checked prior to dispensing, as applicable.	10	100%	
Ind 38	Labelling requirements are implemented.	10	100%	
Ind 39.	Dispensing is done by an authorized person.	10	100%	
Ind 40.	Adverse drug reaction/s (ADRs) are reported.	10	100%	
Total		50		

2.9 Patient Rights / Responsibilities and Education (PRE)

Standard 14. PRE-1: A system for obtaining consent for treatment exists

Indicators (41-42):

Ind 41. The doctor obtains consent from a patient before examination

Survey Process:

Doctors are required to politely seek permission from the patient/relative/parents before physical examination. The "Verbal Consent" so "Obtained" is required to be recorded in the documentation/prescription at the minimum as **"VCO"**. The surveyors will have to conduct an exit-interview of the patient who has undergone examination and also to review register/copy of prescription to validate the **"VCO"**.

Scoring:

- If there is evidence of VCO, then score as fully met.
- If there is evidence of VCO in up to 80% of cases, then score as partially met.
- If there is no evidence of VCO as above, then score as not met.

Ind 42. The clinic has listed the situations where specific informed consent⁴⁹ is required from a patient or family⁵⁰

Survey Process:

Review the listed conditions requiring informed consent. Then review records of patients from whom specific informed consent should have been taken. The Informed consent includes providing information on risks, benefits, and alternatives and as to who will provide the treatment or perform the procedure / investigation / test etc. in a language and detail that patient/attendant can understand. Informed consent is also required for taking photographs or making movies during the procedures either for record keeping / preservation of identity or educational & research purposes as it can compromise the individual's religious/social/cultural beliefs⁵¹.

Scoring:

- If relevant records document an informed consent accordingly, then score as fully met.
- If relevant records do not document consent as above, then score as not met.

Guidelines

Scope of Verbal Consent

The verbal consent is politely obtained from every patient / parent of a minor to maintain the respect, dignity and honor of the patients while examining and providing care in compliance with the Code of Ethics for Medical and Dental Practitioners prescribed by the PMDC and PHC Patients Charters. This little effort is a source of confidence building between the doctor and the patient and saves the doctors from many troubles which arise out of misunderstandings. If there is any additional examination or treatment required, an informed consent should be taken as required under the next indicator and explained thereunder.

⁴⁹- This is important for informed decision making as well as safety of the patient as well as the care provider. Format of Consent form provided in the Reference Manual.

⁵⁰- Family consent is required if the patient is not capable to give consent. Family means; immediate relatives—mother, father, brother & sister, son & daughter, wife & husband.

⁵¹- Refer to PHC Patient Charters and Guidelines.

Conditions Requiring Informed Consent

The patient has the right to have correct information about their health status (unless he/she has explicitly waived the right to such information), proposed treatment plan and all related issues in general. This information should be conveyed to the patient, by the attending staff, in a clear and simple way, using appropriate language. The patient should be provided sufficient information to help them understand the issue and make informed decisions regarding treatment and management.

Additionally, informed consent of the patient is a prerequisite for his/her participation in clinical trial, teaching or scientific research.

A specific informed consent shall be taken from the patient in following situations:

- Before Surgery
- Before anesthesia administration
- Before transfusion of blood
- Before any invasive procedure
- Any High risk service or medicine

If the patient is incapable of giving consent, the next of kin or the attendant will provide consent on his/her behalf. If such patient is un-attended too, the treating doctor can give consent in the best interest of the patient. Although the Client/Patient's general consent is obtained for the proposed care or treatment, a written consent is mandatory for any invasive procedures or operations. The client's informed consent is a prerequisite to carry out any medical intervention and the patient has the right to refuse or to halt a medical intervention.

In different situations of health care provision or involvement of the client in any research activity, the mode of consent and action will be:

- i. When a patient is unable to express his or her will and a medical intervention is urgently needed, the consent of the patient may be presumed, unless it is obvious from a previous declared '**Expression of Will**' that consent would be refused in the situation.
- ii. When the consent of a legal representative is required and the proposed intervention is urgently needed, that intervention may be made if it is not possible to obtain the representative's consent in time.
- iii. When the consent of a legal representative is required, patients (whether minor or adult) must nevertheless be involved in the decision-making process to the fullest extent which their capacity allows.
- iv. If a legal representative refuses to give consent and the physician or other provider is of the opinion that the intervention is in the interest of the patient, then in case of a non-emergency situation, the decision must be referred to a court or some form of arbitration.

Sample Consent Form

Patient's Informed Consent to Treatment or Investigation {To be filled by Treating Consultant} (Page1 of 2)	Name of HCE:	Patient's Reg. #:
	Patient's name:	
	CNIC#:	
	S/O, D/O, W/O:	
	Age:	Gender:
	Address:	
	Diagnosis:	

Declaration of Doctor/Proceduralist (to be completed by the clinician obtaining consent)

Tick the boxes or cross out and initial any changes or information not appropriate to the stated procedure

- ☐ I have informed the patient of the treatment options available, and the likely outcomes of each treatment option, including known benefits and possible complications. (State options)
 - 1.
 - 2.
 - 3.
 - 4.
- ☐ I have recommended the treatment/procedures/investigations noted below on this form.
- ☐ I have explained the treatment/procedures/investigations, identified below, and what is entailed for the patient.
- ☐ I have provided the patient with information specific to the procedure identified. The patient has been asked to read information provided and ask the doctor/proceduralist questions about anything that is unclear.
- ☐ I have provided to the patient an identifiable copy of the information which has been kept on the patient's medical record.
- ☐ Information provided to the patient includes:

Open access procedures

I have given the patient opportunity to discuss the proposed procedure, benefits and risks, both general and specific, and the risk of not having the procedure.

Other procedures

I have discussed the alternative procedures, benefits and risks, both general and specific, and the risks of not having the procedure.

Treatment/procedure/investigation

List the treatment/procedures/investigations to be performed, noting correct side/correct site

This procedure requires: ☐ General and/or Regional Anaesthesia ☐ Local Anaesthesia

☐ Sedation

An anaesthetist will explain the risk of general or regional anaesthesia to the Patient at least 12 hours prior to the treatment.

Disclosure of material risks

Material risks or specific risks particular to this patient that have arisen as a result of our discussions are:

Signature of doctor/proceduralist obtaining consent

Full name (please print) _____

Position/Title _____

Signature _____

Date _____

Signature of doctor/proceduralist with overall responsibility for treatment (if different)

Full name (please print) _____

Position/Title _____

Signature _____

Date _____

Please Note: A separate consent form (signed by the patient/relative) for blood transfusion as per relevant protocols is mandatory.

**Patient Consent to
Treatment or Investigation**
(Page 2 of 2)

Name of HCE:

Patient Reg. #:

Patient's name:

CNIC#:

S/O, D/O, W/O:

	Age:	Gender:
	Address:	
	Diagnosis:	
Patient's declaration		
i. Please read the information carefully and tick the following to indicate you have understood and agreed with the information provided to you. Any specific concerns should be discussed with your doctor or proceduralist performing the procedure prior to signing the consent form. ii. The doctor/proceduralist has explained my medical condition and prognosis to me. The doctor/proceduralist has also explained the relevant diagnostic, treatment options that are available to me and associated risks, including the risks of not having the procedure. iii. The risks of the procedure have been explained to me, including the risks that are specific to me and the likely outcomes. I have had an opportunity to discuss and clarify any concerns with the doctor or proceduralist or specialist. iv. I understand that the result/outcome of the treatment/procedure cannot be guaranteed. v. I understand that tissue samples and blood removed as part of the procedure or treatment will be used for diagnosis and common pathology practices (which may include audit, training, test development and research), and will be stored or disposed of sensitively by the hospital. vi. I understand that a photograph, if taken during examination/procedure or treatment, will be used for academic purposes only and that too ensuring confidentiality and privacy. vii. If a staff member is exposed to my blood, I consent to a sample of blood being collected and tested for infectious diseases. I understand that I will be informed if the sample is tested, and that I will be given the results of the tests. viii. I agree for my medical record to be accessed by staff involved in my clinical care and for it to be used for approved quality assurance activities, including clinical audit. ix. I understand that if immediate life-threatening events happen during the procedure, I will be treated accordingly. x. I understand that I have the right to change my mind at any time before the procedure is undertaken, including after I have signed this form. I understand that I must inform my doctor if this occurs. xi. I consent to undergo the procedure/s or treatment/s as documented on this form xii. I consent to a blood transfusion, if needed Yes ☐ No ☐		

Please Note: A separate consent form for blood transfusion as per relevant protocols is also to be signed.

Patient's full name _____

Patient's signature _____

Date/Time _____

Parent/guardian signature _____

Date/Time _____

(if desired for mature minor)

Interpreter's declaration

Specific language requirements (if any) _____

Interpreter services required: ☐ Yes ☐ No

I declare that I have interpreted the dialogue between the patient and health practitioner to the best of my ability, and have advised the health practitioner of any concerns about my performance as interpreter in the particular case.

Interpreter's signature _____

Date _____

Full name (please print) _____

Pre procedural confirmation of consent

I confirm that the request and consent for the operation/procedure/treatment above remains current.

Patient's signature _____

Date/Time _____

(Patient/Person responsible)

Patient: Name.....DOB..... Parent's Name (if minor)

Postal Address.....

E-mail.....Home phone: Cell phone:

Primary Care Provider.....

Signature & Thumb Impression of Patient or Guardian

CNIC: _____ Date: _____ Place: _____

I certify that I have explained the above details to the patient in a language he/she understands:

Signature and Stamp of the Practitioner : _____

Assessment Scoring Matrix

Standard 14. PRE-1: A system for obtaining consent for treatment exists.

Indicator 41-42		Max. Score	Weightage	Grading Score
Ind 41.	The doctor obtains consent from a patient before examination.	10	80%	
Ind 42.	The clinic has listed those situations where specific informed consent is required from a patient or family	10	100%	
Total		20		

Standard 15. PRE-2: Patients and families have a right to information about expected costs

Indicators (43-43):

Ind 43. The patient/family is informed about the cost of treatment

Survey Process:

Customarily the **consultation fee is displayed** or patients are informed about the fee and the charges for medicine/procedure at the reception desk (as applicable). The patient also needs to be informed about the cost of the medicine dispensed from the clinic if it is in addition to consultation fee. The patient/family also needs to be informed that the medicine prescribed to be purchased from market has additional cost.

Scoring:

- If there is evidence that the patients/families are informed about the treatment cost, then score as fully met.
- If the patients/relatives are not informed about the expected cost of treatment, then score as not met.

Guidelines

Tariff List

Customarily, the consultation fee is displayed or patients are informed about the fee and the charges for medicine etc. at the reception desk (as applicable). A detailed cost list is shown if requested. There should be a general tariff/billing system which defines the charges to be levied for the services provided by the clinic. The services may include:

- ✓ Consultation fee at the Clinic.
- ✓ Home visiting consultation fee.
- ✓ Costs of medicines to be purchased/medicines dispensed at the clinic.
- ✓ Transportation charges (if referred to another healthcare facility i.e. a hospital).

The above-mentioned service charges should be a part of the tariff/billing system and must be available in a file maintained at the clinic. Sometimes, the consultation fee for the first visit and for subsequent visits (for new and old patients) may be different. It will be the duty of the receptionist, dispenser or doctor to inform the patient of such tariff differences prior to the treatment.

Patients/Families/Attendants should be given an estimate of the expenses, particularly in case of treatment of prolonged illness. It is preferable that this information be given in the written form. However, at minimum, tariff related to consultation fee (which is usually fixed) must be displayed at a prominent place, either at the reception or inside the consultation room.

Assessment Scoring Matrix

Standard 15. PRE-2: Patients and families have a right to information about expected costs.

Indicator 43-43		Max. Score	Weightage	Grading Score
Ind 43.	The patient/family is informed about the costs of treatment.	10	100%	
Total		10		

Standard 16. PRE-3: Patients and families have a right to refuse treatment and lodge a complaint.

Indicators (44-45):

Ind 44. Patients and families have a right to refuse the treatment

Survey Process:

Whereas the physician/doctor has a right to refuse treatment to a patient⁵², the patient and families, though expected to respect the instructions / medication order prescribed by the doctor, but, they have a right to refuse the treatment and seek advice from any other doctor of their choice⁵³ as provided in the PHC Charters. This necessitates specifically displaying the right of refusal. The reasons to refuse to treat a patient need to be recorded. Similarly, in cases where patients refuse advice, procedures or treatment, it also has to be recorded in the patients' record.

Scoring:

- Unless the surveyors have a reason to believe that the above provision of the PHC Charters and PMDC Code of ethics are not being complied with, the score should default to **fully met**.

Ind 45. Patients and families have a right to complain and there is a mechanism to address the grievances

Survey Process:

Patient and families have a right to complain and put forward their grievances on the spot on occurrence, with some delay, verbally, in writing or by any other means. There should be a mechanism to handle the complaints effectively. A functional Complaint Box or a Complaint Register, /availability of Complaint Form and File Record are evidence of the system being in place.

Scoring:

- If there is a system which facilitates/guides the patients about their right of complaint and the system is being followed as above (including zero report recording in the register) then, score **as fully met**.
- If there is no system to facilitate/guide the patients about their right of complaint and or the system described above is not being followed then, score **as not met**.

Guidelines

Right to Refuse Treatment

While patients and families are expected to respect the instructions/medicines prescribed by the doctor, they have a right to refuse treatment and seek advice from any other doctor of their choice. The clinic manager must ensure that all such related information, regarding the rights and responsibilities of patients and others and the rights and responsibilities of HCEs, is displayed (PHC charters refer).

Complaint Management

Patients and families have a right to complain and put forward their grievances/concerns and there should be a mechanism to handle these complaints effectively. Complaints can be lodged either on-the-spot as they occur or with some delay, verbally or in writing.

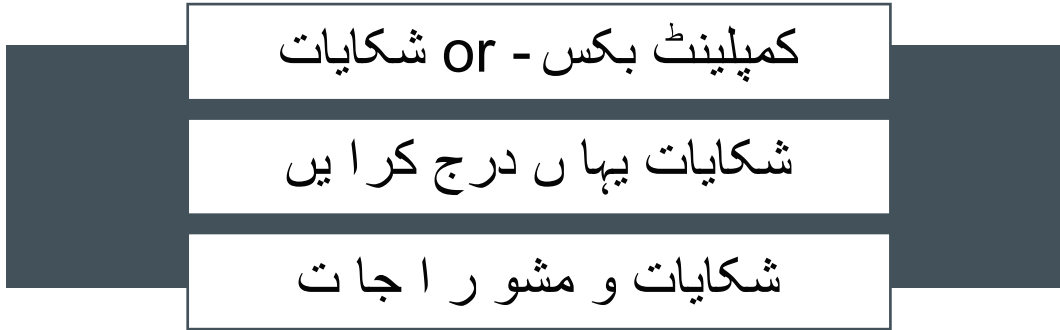
52- Provisions 9 (2), (3) and (4) of Code of Ethics of Practice for Medical & Dental Practitioners by PM&DC.
53- Provisions 12 (c) of Code of Ethics of Practice for Medical & Dental Practitioners by PM&DC.

The records of all complaints/grievances addressed must be placed in a file maintained at the clinic. In a single-man clinic, the doctor is required to ensure that such a complaints management mechanism is in place. He/she should do his best to address the complaints to the satisfaction of the patients.

Right to Express Concern or Complain

An institutionalized, accessible and transparent grievance-redress mechanism (complaint management) must be in place at the HCE. Information on how to lodge a complaint must be clearly displayed in the local language at prominent places. A complaint is an expression of client dissatisfaction and a means of providing feedback on the quality of care received, and should be urgently addressed. Every healthcare facility should inform its clients/patients about their right to complain and the complaint handling procedures in place. A complaint may be written or verbal and be lodged by a patient, his/her attendants or a legally authorized person. Various means may be adopted to communicate this. For instance, the healthcare facility may:

- Display the message clearly in the local language at prominent places in the facility, such as registration desk, waiting area, OPDs, main entrance and private rooms etc., recommended as under:



- Communicate pertinent information in the form of leaflets/brochures placed at appropriate places.
- Obtain client feedback/comments on a prescribed, but simple, format during the visit (a sample format is attached as Annex A).

Complaint Management Procedure

To become a quality-driven service providing establishment, the facility should encourage clients and their family members to freely raise and discuss their views, concerns or complaints with the concerned staff. This dialogue serves as an opportunity for improvement. Every clinic must have a documented, grievance redressing procedure. A proposed format for the complaint management procedure is attached as Annex B.

Feedback mechanisms should be culturally appropriate, feasible and may include:

- A suggestion/complaint box at the facility that may be used by the literate clients.
- Periodic client exit interviews. Format provided as Annex A.
- Key informant interviews within the community.
Depending upon their needs and resources, the clinic management should devise methods, and determine frequencies, of feedback mechanisms in order to seek clients' views on the quality of care.

Assessment Scoring Matrix

Standard 16. PRE-3: Patients and families have a right to refuse treatment and lodge a complaint.

Indicator 44-45		Max. Score	Weightage	Grading Score
Ind 44.	Patients and families have a right to refuse the treatment.	10	100%	
Ind 45.	Patients and families have a right to complain and there is a mechanism to address the grievances.	10	100%	
Total		20		

Standard 17. PRE-4: Patients and families have a responsibility to respect the clinic environment.

Indicators (46-46):

Ind 46. HCE Charter is displayed and patients / families are guided

Survey Process:

Surveyor is required to see that PHC Charters of Rights and Responsibilities of the patients are displayed at a prominent place in the clinic like waiting area or main entrance to guide the patient or families to observe the social norms by waiting for their turn, avoid conflicting situation, and follow instructions of the doctor regarding re-visit date and time. Also observe that guidance is provided on above aspects as a routine.

Scoring:

- If the PHC Charters are displayed and there is evidence that the patients/ families are guided to observe the same then, score as **fully met**.
- If the Charters are not displayed but there is evidence that the patients/ families are guided to observe the same then, score as **partially met**.
- If neither the Charters are displayed nor there is evidence that the patients / families are guided to observe the same then, score as **not met**.

Guidelines

In the healthcare delivery system, rights of patients and service providers are equally important. The PHC Act, 2010, also recognizes the rights and responsibilities of both patients and healthcare service providers. The charters of rights and responsibilities of the patients and families and HCEs are to be displayed at a prominent place in the clinic, like the waiting area or the main entrance. Patients and their families should follow social norms while waiting for their turn, avoid conflicts and follow the instructions of the doctor regarding the date and time of re-visit. Guidance is routinely provided to the patients and families on above aspects.

The PHC charters are attached as **Annex F**.

Assessment Scoring Matrix

Standard 17. PRE-4: Patients and Families have a responsibility to respect the clinic environment.

Indicator 46-46		Max. Score	Weightage	Grading Score
Ind 46.	The HCE Charter is displayed and patients/families are guided.	10	80%	
Total		10		

2.10 Infection Control (IC)

Standard 18. IC-1: The clinic has an infection control system in place.

Indicators (47-47):

Ind 47.

The clinic has arrangements for infection control aiming at prevention and reducing risk of infections

Survey Process:

Observe if there are written instructions on infection control⁵⁴ which cover at least the following aspects:

- I. Maintaining general cleanliness / hygiene in the clinic premises.
- II. Facility of hand washing with soap and water or a disinfectant before and after examination of infectious patient/procedure⁵⁵ as the case may be.
- III. Proper sterilization of instruments/equipment prior to every procedure⁵⁶.
- IV. Arrangement for controlling/preventing/reducing the risk of infections during the process of patient assessment.
- V. Use of disposable gloves and mask etc. by the doctor while examining the patient for certain specific conditions.
- VI. Ensuring compliance of instructions for infection control by the dispenser / medical assistant while assisting the doctor.
- VII. Safe handling of medical / clinical waste⁵⁷.

Scoring:

- If there is evidence of observing the infection control procedures and all above mentioned aspects are covered, then score as **fully met**.
- If there is evidence of observing the infection control procedures up to 80% of above mentioned aspects, then score as **partially met**.
- If there are no infection control procedures or less than 80% of the above aspects are being practiced, then score as **not met**.

Guidelines

Infection Control

The prevention and control of infection in the clinic settings can cover a wide range of aspects and activities which can minimize the risk of spread of infection, as far as reasonably possible for the doctor/(s), as well as the staff and the patients of the clinic. Some of the roles and responsibilities given hereunder must be understood and practiced.

i. Roles and Responsibilities

- a. Clinic in-charge has the overall responsibility to ensure that appropriate controls and procedures are in place to minimize the risks of infection to staff and patients.
- b. Doctor and staff are responsible to ensure good infection prevention and control so that they do not put themselves, other colleagues or patients at risk of infection.
- c. Patients should cover their face (nose/mouth) with a handkerchief or tissue paper while coughing or sneezing, to block the spread of germs. The infected person should be kept away from other patients (particularly children) to avoid the spread of infection.

54- Sample Procedure / instructions given in the Guidelines.

55- Hand washing instructions.

56- All instruments etc. required/used for procedures should either be disposable and/or properly sterilized.

57- In the light of Punjab Hospital Waste Management Rules 2014 as applicable locally.

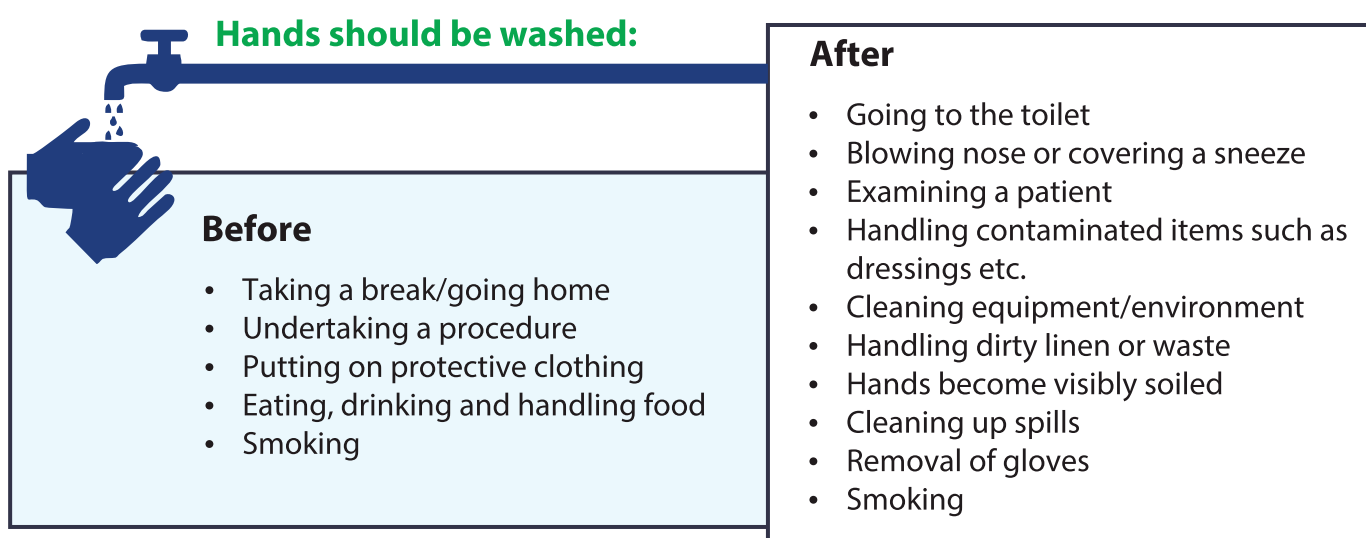
ii. Infection Control Guidance

Patients/healthcare providers may acquire infections during clinical checkups or healthcare interventions. Healthcare workers commonly spread a wide variety of microorganisms, including Methicillin Resistant Staphylococcus Aureus, Influenza, Noro-virus and Clostridium Difficile via contaminated hands and equipment. Many of these infections are avoidable. A doctor and staff working in a clinic may put patients at risk in the following ways:

- **Direct contact through hands**
- **The emergency environment**

Practicing good hand hygiene, taking aseptic precautions and a clean working environment can minimize the risk of transmitting infection to patients or staff.

Good hand hygiene has been described as the most important intervention in reducing the risk of cross infection. Use of soap and warm water is the most effective method of cleaning hands so as to remove dirt, organic material and transient micro-organisms. The technique of hand washing is more important than the solution used and involves three stages: preparation, washing/rinsing and drying.



Appropriate hand washing can minimize spread of infection through micro-organisms, acquired on the hands by contact with bodily fluids and contaminated surfaces, by breaking the transmission chain and reducing person-to-person transmission. All healthcare personnel and family caregivers of patients must practice effective hand washing and need to know proper techniques and situations for hand washing.

Washing with soap and water kills many transient micro-organisms and allows them to be mechanically removed by rinsing. Washing with antimicrobial products kills or inhibits the growth of micro-organisms in the deep layers of the skin. Use of alcohol-based gel is the preferred method of hand cleansing.

Types of Hand Washing

- a. Simple hand washing is usually limited to hands and wrists where the hands are washed with soap (plain or antimicrobial) and water for a minimum of 10 - 15 seconds.
- b. Hand antisepsis/decontamination removes or destroys transient micro-organisms and confers a prolonged protective effect and may be carried out in one of the following two ways:
 - i. Wash hands and forearms with antimicrobial soap and water, for 15-30 seconds (following manufacturer's instructions).

- ii. Decontaminate hands with a waterless, alcohol-based hand gel or hand rub for 15-30 seconds. This is appropriate for hands that are not soiled with protein matter or fat. Immersion of hands in bowls of antiseptics is not recommended.

Facilities and Materials Required for Hand Washing

Running water

Access to clean water is essential and it is preferable to have running water in washbasins having anti-splash devices. When running water is not available, use either a bucket with a tap, which can be turned on and off; a bucket and pitcher or 60% - 90% alcohol hand rub.

Materials Used Hand Washing/Hand Antisepsis

Use plain or antimicrobial soap depending on the procedure.

Plain Soap: Used for routine hand washing and available in bar, powder or liquid form. Antimicrobial Soap:

Used for hand washing as well as hand antisepsis.

- a. If bar soaps are used: Use small bars with soap racks that can be drained.
- b. Do not allow bar soap to sit in a pool of water as it encourages the growth of some micro-organisms such as pseudomonas.
- c. Clean dispensers of liquid soap thoroughly every day.
- d. Empty liquid soap containers must be discarded, not refilled with soap solution.

Specific antiseptics recommended for hand antisepsis:

- a. 2%-4% chlorhexidine
- b. 5%-7.5% povidone iodine
- c. 1% triclosan
- d. 70% alcoholic hand rubs

Waterless, alcohol-based hand rubs: with antiseptic and emollient gel and alcohol swabs, which can be applied to clean hands.

Facilities for Drying Hands

- a. Disposable towels, reusable roller towels, which are suitably maintained, should be available.
- b. If there is no clean dry towel, it is best to air-dry hands.
- c. Flexibility in using equipment products and procedures, sensitive to local needs, will improve compliance.
- d. In all cases, the best possible procedure should be instituted.

Hand Washing Instructions

- a. Remove jewelry (rings, bracelets etc.) and watches before washing hands.
- b. Ensure that the nails are clipped short (do not wear artificial nails).
- c. Roll the sleeves up to the elbow.
- d. Wet the hands and wrists, keeping hands and wrists lower than the elbows which permits the water to flow to the fingertips, avoiding arm contamination.
- e. Apply soap (plain or antimicrobial) and lather thoroughly.
- f. Use firm, circular motions to wash the hands and arms up to the wrists, covering all areas including palms, back of the hands, fingers, between the fingers and the lateral side of the fifth finger, knuckles and wrists and rub for a minimum of 10-15 seconds.
- g. Repeat the process if the hands are very soiled.
- h. Clean under the fingernails.

- h. Clean under the fingernails.
- i. Rinse hands thoroughly, keeping the hands lower than the forearms.
- j. If running water is not available, use a bucket and pitcher.
- k. Do not dip your hands into a bowl to rinse, as this re-contaminates them.
- l. Collect used water in a basin and discard in a sink, drain or toilet.
- m. Dry hands thoroughly with a disposable paper towel or napkins. Clean dry with towel or air dry them.
- n. Discard the towel if used, in an appropriate container without touching the bin lids with the hand.
- o. Use a paper towel, clean towel or your elbow/foot to turn off the faucet to prevent recontamination.

Hand washing steps using antiseptics, hand rubs, gels or alcohol swabs.

(A general procedure for hand washing is given in the figure below and must be conducted for over at least one full minute).

- a. Apply the product to the palm of one hand. The volume needed to apply varies by product.
- b. Rub hands together, covering all surfaces of hands and fingers, until the hands are dry.
- c. Do not rinse.
- d. When there is visible soiling of hands, they should first be washed with soap and water before using waterless hand rubs, gels or alcohol swabs.
- e. If soap and water are unavailable, hands should first be cleansed with an alcohol- based hand rub, gel or swab.

Hand washing steps are pictorially summarized as under:



Personal Protective Equipment (PPE)

Adequate and appropriate PPE, soaps, and disinfectants should be available and used correctly. These should be available at the point of use and the clinic shall maintain an adequate inventory and stock of items, as applicable.

Using PPE provides a physical barrier between micro-organisms and the wearer and offers protection by helping to prevent micro-organisms from:

- a. Contaminating hands, eyes, clothing, hair and shoes.
- b. Being transmitted to other patients and staff.

PPE includes:

- a. Gloves
- b. Disposable protective clothing e.g. plastic aprons
- c. Eye protection
- d. Face masks

PPE should be used by:

- a. Healthcare workers who provide direct care to patients and who work in situations where they may have contact with blood, body fluids, excretions or secretions.
- b. Support staff including medical aides, cleaners and laundry staff in situations where they may have contact with blood, body fluids, secretions and excretions.

Principles for use of PPE

PPE reduces, but does not completely eliminate, the risk of acquiring an infection. It is important that it is used effectively, correctly, and at all times where contact with blood and bodily fluids of patients may occur. Continuous availability of PPE and training for its adequate use are essential. Staff must also be aware that use of PPE does not replace the need to follow basic infection control measures such as hand hygiene.

The following principles guide the use of PPE:

- a. PPE should be chosen according to the risk of exposure. The healthcare worker should assess whether they are at risk of exposure to blood, body fluids, excretions or secretions and choose the items of personal protective equipment according to the risk.
- b. Avoid any contact with contaminated (used) PPE and surfaces, clothing or people outside the patient care area.

Examples of use of PPE

- a. Discard the used PPE in the appropriate disposal bags and dispose of, as per the policy of the clinic.
- b. Do not share PPE.
- c. Change PPE completely and thoroughly wash hands each time you leave a patient to attend to another patient or another duty.

Cleaning of the Clinic Environment

Routine cleaning is important to ensure a clean and dust-free clinic environment. There are usually many micro-organisms present in 'visible dirt' and routine cleaning helps to eliminate this dirt. Administrative and office areas with no patient contact require normal domestic cleaning. Most patient care areas may be cleaned by wet mopping as dry sweeping is not recommended. The use of a neutral detergent solution improves the quality of cleaning.

Hot water (80°C) is a useful and effective environmental cleaner. Bacteriological testing of the environment is not recommended unless seeking a potential source of an outbreak. Areas visibly contaminated with blood or body fluids should be cleaned immediately with detergent and water. Areas that have been exposed to patients with known transmissible infectious diseases should be cleaned with a detergent/disinfectant solution. All horizontal surfaces and all toilet areas should be cleaned daily.

Management of Healthcare Waste

- a. Uncollected, long stored waste or waste routing within the premises must be avoided.
- b. A sound waste management system needs to be developed and closely monitored.

Additional Precautions (transmission-based)

Additional (transmission-based) precautions may be taken while ensuring that standard precautions are maintained. Additional precautions include:

- a. Airborne precautions
- b. Droplet precautions
- c. Contact precautions

Training in Safe Handling of Medical Waste

The clinic in-charge should be oriented towards the importance of the IC program. Healthcare workers should be equipped with requisite knowledge, skills and attitudes for good IC practices. In case of single-man clinics, the doctors should be responsible for ensuring that they are fully knowledgeable and trained in safe handling of medical waste. In case of poly-clinics, the in-charge should:

- a. Assess training needs of the staff and provide required training through awareness programs, in-service education and on-the-job training.
- b. Organize regular training programs for the staff for essential IC practices that are appropriate to their job description.
- c. Provide periodic re-training or orientation of staff.
- d. Review the impact of training.

All staff that work in areas where infectious waste is handled are to be trained on the hazards of waste, management of waste and IC. All staff shall be trained in, and use, procedures for different types of waste:

- a. Collection
- b. Segregation at source
- c. Storage
- d. Transportation

Medical waste is regulated by the Punjab Hospital Waste Management Rules, 2014. According to the rules, every clinic/HCE shall be responsible for the proper management of waste, through developing a **‘Waste Management Plan’**. The plan will be facility specific, containing a list of activities and quantities of required materials, with costs and timelines. Development of the plan is the responsibility of the clinic in charge or the **Waste Management Officer**, if designated as member of the Waste Management Team (WMT) (details are given in the relevant section). The plan will be reviewed and finalized by the clinic in charge/WMT and should aim to:

- a. Protect public health and safety.
- b. Provide a safer working environment.
- c. Minimize waste generation and environmental impacts of waste treatment/disposal.
- d. Ensure compliance with legislative requirements.

Minimum Requirement on Infection Control for a Clinic

Although the above-mentioned details, related to infection control at the primary healthcare level, are given for better understanding and making the clinic staff well-oriented to the roles, responsibilities and risk prevention methods, in a clinic, the following instructions on infection control⁵⁸ must be made available:

- a. Maintaining general cleanliness/hygiene in the clinic premises.
- b. Facility of hand washing with soap and water, or an alternative (disinfectant), as the case may be before and after examination.
- c. Arrangement for controlling/preventing/reducing the risk of infections during the process of patient assessment.
- d. Abiding by the above-mentioned infection control instructions by the dispenser/assistant while assisting the doctor/(s).
- e. Use of disposable gloves and mask by the doctor while examining the patient for certain specific conditions⁵⁹.
- f. Safe handling of medical/clinical waste⁶⁰.

58- Sample procedure defined in the above sections.
59- Explained in the above section.

60- In the light of the latest instructions on Clinical Waste Management issued by the Environment Protection Agency, as applicable locally.

Assessment Scoring Matrix

Standard 18. IC-1: The clinic has an infection control system in place.

Indicator 47-47		Max. Score	Weightage	Grading Score
Ind 47.	The clinic has arrangements for infection control aiming at prevention and reducing risk of infections.	10	80%	
Total		10		

SUMMARY SHEET	Time Consumed	MAX	SCORE	%age
2.1 Responsibilities of Management (ROM)		100		
2.2 Facility Management and Safety (FMS)		20		
2.3 Human Resource Management (HRM)		20		
2.4 Information Management Systems (IMS)		20		
2.5 Quality Assurance/ Improvement (QA)		30		
2.6 Assessment and Continuity of Care (ACC)		110		
2.7 Care of Patients (COP)		20		
2.8 Management of Medication (MOM)		80		
2.9 Patient Rights / Responsibilities and Education (PRE)		60		
2.10 Infection Control (IC)		10		
TOTAL		470		



3

ANNEXES

ANNEX. A:**Sample Client Satisfaction Form**

Sr. #	Questions	Response	
1	Are you satisfied with the health services, behavior of Staff and the environment at Clinic ABC_____?	Yes	No
2	If YES, how? (You can circle more than one response and write below)	1. Complete information provided. 2. Services available when needed. 3. Services are not costly. 4. Convenient to reach the facility. 5. Staff is courteous. 6. Relevant staff is available. 7. Privacy is observed. 8. Female staff is available. 9. I recovered after treatment. 10. Other(specify)_____	
3	If NO, why? (You can circle more than one) response and write below)	1. Issues of confidentiality. 2. Issues of privacy. 3. Lack of attention. 4. Inadequate information provided. 5. I was asked to come another time. 6. Medicines/services are costly. 7. Waiting time is too long. 8. Staff is discourteous / Unsatisfactory behavior. 9. Staff is not competent. 10. Relevant staff NOT available. 11. Female staff NOT available (Gender issue). 12. I suffered from side effects of the treatment. 13. Other (specify)_____	
	Signatures of patient/relative:		
	Action by the person in charge with date:		

1.0 OBJECTIVE

To ensure that complaints are handled in a standardized manner at all Healthcare Establishments (HCEs) in Punjab.

2.0 SCOPE

This document provides general guidelines to Healthcare Service Providers (HSPs) to develop or improve their Complaint Management Systems.

3.0 RESPONSIBILITY

The responsibility of complaints handling rests with the HSP. However, all staff members of the establishment are responsible for providing the necessary support.

4.0 DISPLAY OF INFORMATION**4.1 *Inform the patient of his/her right to express his/her concern or complain either verbally or in writing.***

4.2 This shall be done by clearly displaying the following information, in Urdu, at the entrance, help desk, every department and at the back of admission and discharge slips:

آپ کو کلینک کی سروس کے متعلق تحریری یا زبانی شکایات کرنے کا حق حاصل ہے۔ آپ اپنی شکایات
کلینک کے منتظم کو دفتر یا ٹیلی فون نمبر _____ پر کر سکتے ہیں یا استقبالیہ میپ ڈیسک/
رہپشن پر موجود شکایات رجسٹر میں اپنی شکایات درج کر سکتے ہیں۔

5.0 COMPLAINT HANDLING**5.1 *Put into place a documented process for collecting, prioritizing, reporting and investigating complaints, which is fair and timely.*****5.2 Registration**

5.2.1 A Complaint Register shall be maintained by each clinic, which shall be available at the istaqbaliah/help desk/reception during working time.

5.2.2. Complaint Register shall have:

5.2.2.1 A 3" X 4" white chit pasted on the cover page with the following:

Complaint Register Opened on: (Mention date as XX-XX-XXXX)

5.2.2.2 The following certificate on the inner side of the cover page:

"It is certified that this register contains pages; each page has been numbered (at the top center), stamped with the HCE seal (at top right corner) and initialed by me."

Date: XX-XX-XXXX

(Signature and Name of HSP) 5.2.2.3

Format of the complaint management register:

1	2	3	4	5	6	7	8	9	10	11	12
Sr./ No.	Date	Complainant's Name	CNIC No.	Contact No.	Address	Detail of the Complaint	Signature/thumb impression of the complainant	Outcome	Date/s Complainant contacted/informed	Date and signature of Manager	Date seen by CEO & Signature

Column 2-8 shall either be filled by the complainant or someone else (whom the complainant trusts) on his/her behalf.

5.2.3 Every written or verbal complaint directly made to the HSP shall also be entered in the register by the HSP, within 24 hours.

5.3 PROCESSING

- 5.3.1 Enter important points of the complaint in the register. Take notice of allegations and requests made.
- 5.3.2 Assign priority according to the nature of the complaint.
- 5.3.3 Investigate in an impartial manner.
- 5.3.4 Keep the time factor in mind because any undue delay will reflect poorly on the management.

6.0 COMMUNICATION

- 6.1 ***Inform the complainant about the progress of the investigation at regular intervals and inform him/her about the outcome.***
- 6.2 Stay in contact with the complainant and regularly update him/her about the progress made in investigation.

7.0 QUALITY IMPROVEMENT

- 7.1 ***Use the results of the complaints investigation as part of the quality improvement process.***
- 7.2 The registers should be perused by the Chief Executive of the establishment, at least once a month.
- 7.3 Make necessary changes in policies and procedures to improve the quality of healthcare services.

Sr.#	Health Related Laws	Link to Download
1.	2012 Amendment in the PM&DC Ordinance	http://www.pmdc.org.pk/LinkClick.aspx?fileticket=a8Uzv7NVyX4%3D&tabid=292&mid=850
2.	Injured Persons (Medical Aid) Act 2004 (XII Of 2004)	http://punjablaws.gov.pk/laws/2276a.html
3.	Drug Regulatory Authority Act	http://www.na.gov.pk/uploads/documents/1352964021_588.pdf
4.	The Punjab Food Authority Act, 2011	http://punjablaws.gov.pk/laws/2460.html
5.	The Punjab Healthcare Commission Act, 2010	http://punjablaws.gov.pk/laws/2434.html
6.	The Punjab Procurement Regulatory Act 2009	http://punjablaws.gov.pk/laws/497.html
7.	Health (Management) Service Rules, 2008	http://www.healthkp.gov.pk/downloads/Management%20cadre.pdf
8.	The Punjab Forensic Science Agency Act, 2007	http://punjablaws.gov.pk/laws/492.html
9.	Drug Regulatory Act, 2012	http://www.na.gov.pk/uploads/documents/1352964021_588.pdf
10.	The Punjab Consumer Protection Act, 2005	http://punjablaws.gov.pk/laws/477.html
11.	The King Edward Medical University, Lahore Act 2005	http://punjablaws.gov.pk/laws/478.html
12.	The Punjab Autonomous Medical & Health Institutions Act, 2003	http://punjablaws.gov.pk/laws/463.html
13.	The University of Health Sciences Ordinance, 2002	http://punjablaws.gov.pk/laws/446.html
14.	Public Procurement Regulatory Authority Ordinance, 2002	http://www.ppra.org.pk/ordinance.asp
15.	HEC Ordinance, 2002	http://www.hec.gov.pk/MediaPublication/HECPublication/Documents/455_HECOrdinance.pdf
16.	Boilers and Pressures Vessels Ordinance, 2002	http://punjablaws.punjab.gov.pk/public/dr/THE%20BOILERS%20AND%20PRESSURE%20VESSELS%20ORDINANCE
17.	The Punjab Transfusion of Safe Blood Ordinance, 1999	http://punjablaws.gov.pk/laws/414.html
18.	The Punjab Environmental Protection Act, 1997	http://punjablaws.gov.pk/laws/2192a.html
19.	Hospital waste Management Rules----2014	http://epd.punjab.gov.pk/rules_regulations
20.	Control of Narcotics Substance Act, 1997	http://www.fmu.gov.pk/docs/laws/Control%20of%20
21.	Punjab Health Foundation Act, 1992	http://punjablaws.gov.pk/laws/386.html
22.	Drug Rules, 1986	http://www.pmdc.org.pk/LinkClick.aspx?fileticket
23.	Drug Labeling & Packaging Rules, 1986	http://www.healthkp.gov.pk/downloads/Druglabeling.pdf
24.	The Punjab Private Educational Institutions (Promotions & Regulations) Ordinance, 1984	http://punjablaws.gov.pk/laws/356.html
25.	The Medical & Dental Degrees Ordinance, 1982	http://www.punjablaws.punjab.gov.pk/public/dr/THE%20MEDICAL%20AND%20DENTAL%20DEGREES%20ORDINANCE
26.	The Disabled Persons Ordinance, 1981	http://punjablaws.punjab.gov.pk/public/dr/DISABLED%20PERSONS,%20(EMPLOYMENT%20AND%20REHABILITATION

27.	The Food Stuffs & Fertilizers (Cancellation of Authorities & Dealerships Ordinance, 1978)	http://punjablaws.gov.pk/laws/334.html
28.	Drugs Act, 1976	http://www.dra.gov.pk/gop/index.php?q=aHR0cDovLzE5Mi4xNjguNzAuMTM2L2RyYXAvdXNlcmZpbgVzMS9
29.	The Punjab Flood Relief Cess Act, 1973	http://punjablaws.gov.pk/laws/286.html
30.	The Pakistan Nursing Council Act, 1973	http://www.punjablaws.punjab.gov.pk/public/dr/THE%20PAKISTAN%20NURSING%20COUNCIL%20ACT,%201973.doc .
31.	The West Pakistan Food Stuffs (Control) (Punjab Amendment & Validation Ordinance, 1971	http://punjablaws.gov.pk/laws/267.html
32.	The Punjab Private Colleges (Management & Control) Ordinance, 1970	http://punjablaws.gov.pk/laws/250.html
33.	The Medical Colleges (Governing Body) Ordinance, 1970	http://punjablaws.gov.pk/laws/255.html
34.	Allopathic System (Prevention of Misuse) Ordinance , 1962	http://www.pmdc.org.pk/LinkClick.aspx?fileticket=cyh4G9XLyPs%3D&tabid=292&mid=850
35.	The Punjab Land Revenue Act, 1967	http://punjablaws.gov.pk/laws/212.html
36.	Pharmacy Act, 1967	http://www.pmdc.org.pk/LinkClick.aspx?fileticket
37.	The Punjab Government Lands & Buildings (Recovery of Possession) Ordinance, 1966	http://punjablaws.punjab.gov.pk/public/dr/THE%20PUNJAB%20GOVERNMENT%20LANDS%20AND%20BUILDINGS%20(RECOVERY%20OF%20POSSESSION)%20ORDINANCE
38.	The Unani Ayurvedic And Homeopathic Practitioners Act, 1965	http://www.punjablaws.punjab.gov.pk/public/dr/UNANI,%20AYURVEDIC%20AND%20HOMOEOPATHIC
39.	The Punjab Regulations & Control of Loudspeakers & Sound Amplifiers Ordinance, 1965	http://www.punjablaws.punjab.gov.pk/public/dr/THE%20PUNJAB%20REGULATION%20AND%20CONTROL%20OF%20LOUDSPEAKERS%20AND%20SOUND%20AMPLIFIERS
40.	Provincial Employees Social Security Ordinance, 1965	http://punjablaws.gov.pk/laws/187.html
41.	The Hazardous Occupations Rules, 1963	http://www.punjablaws.punjab.gov.pk/public/dr/WEST%20PAKISTAN%20HAZARDOUS%20OCCUPATIONS%20(LEAD
42.	PM&DC Ordinance, 1962	http://www.pmdc.org.pk/LinkClick.aspx?fileticket=7AY1%2fco4suQ%3d&tabid=292&mid=850
43.	The West Pakistan Prohibition of Opium Smoking Ordinance, 1960	http://punjablaws.gov.pk/laws/117.html
44.	The Punjab Prohibition of Smoking in Cinema Houses Ordinance, 1960	http://www.punjablaws.punjab.gov.pk/public/dr/THE%20PUNJAB%20PROHIBITION%20OF%20SMOKING%20IN%20CINEMA%20HOUSES%20ORDINANCE,%201960.doc.pdf
45.	The Punjab Juvenile Smoking Ordinance, 1959	http://punjablaws.gov.pk/laws/105.html
46.	The Punjab Vaccination Ordinance, 1958	http://punjablaws.gov.pk/laws/95.html
47.	The Punjab Tobacco Vend Act, 1958	http://punjablaws.gov.pk/laws/91.html
48.	The Punjab Maternity Benefit Ordinance, 1958	http://punjablaws.gov.pk/laws/98.html

49.	The Punjab Food Stuffs (Control) Act, 1958	http://punjablaws.gov.pk/laws/83.html
50.	The Epidemic Diseases Act, 1958	http://punjablaws.gov.pk/laws/90.html
51.	The Opium (West Pakistan Amendment) Act, 1923	http://punjablaws.gov.pk/laws/76.html
52.	The Public Health (Emergency Provisions) Ordinance, 1944	http://punjablaws.gov.pk/laws/58.html
53.	Factories Act, 1934	http://www.ma-law.org.pk/pdfaw/FACTORIES
54.	Workmen Compensation Act, 1923	http://www.punjablaws.punjab.gov.pk/public
55.	Mines Act, 1923	http://www.punjablaws.punjab.gov.pk/public/dr/MINES
56.	The Punjab Laws Act, 1872	http://punjablaws.gov.pk/laws/4.html
57.	The Punjab Murderous Ordinance Act, 1867	http://punjablaws.gov.pk/laws/2.html

ANNEX. D:**Statement of Ethics**

- 1) We do not make misleading claims for our services or criticize our competitors before clients. We only believe in servicing our client's needs to the best of our efforts.
- 2) We perform our work according to the specified quality standards.
- 3) We avoid conflicts of interest either of a financial or personal nature; these could compromise the objectivity and integrity of our work.
- 4) We exercise our professional judgment impartially while taking any decisions related to work, keeping all pertinent facts, relevant experience and the advice of our management in mind.
- 5) We hold the affairs of our clients in the strictest confidence. We do not disclose personal information during service provision or derive benefit from using information outside the clinic.
- 6) We act with courtesy and consideration towards all with whom we come into contact in the course of our professional work.
- 7) We do not accept any favors, gifts or inducements, including undue hospitality and entertainment, from the clients. The only expectations would be if the gifts are of promotional nature (diaries, calendars, etc.) or of a nominal value, the indulgence of which would not damage the doctor's/clinics reputation.
- 8) We are fully committed to the principle of equality and non-discrimination on the grounds of disability, gender, age, race, color, ethnicity, origin or marital status. We do not indulge in any intimidation and harassment of any sort at work.
- 9) We will communicate with our clients and its representative in an effective and timely manner.
- 10) We would be perceived by clients and other thought leaders as setting the standards in client focus and client service among professional service companies.

Declaration

I have read and understood the “Statements of Ethics” and stand committed to it.

Signature: _____

Name: _____

Date of Joining: _____

ANNEX. E:**Weeding of Old Record**

25

NO. SO (H&D) 1-1/2006
GOVERNMENT OF THE PUNJAB
HEALTH DEPARTMENT
Dated Lahore the 15th January 2012

75-2-12

To

1. The Director General Health Services, Punjab Lahore.
2. All Principals of Autonomous Medical Institution/Hospital in Punjab.
3. All Executive District Officer (Health) in the Punjab.
4. All Medical Superintendents of DHO/THQ Hospital in the Punjab.
5. The Surgeon Medico Legal, Punjab Lahore.

SUBJECT:- WEEDING OF OLD RECORD.

I am directed to refer to the Health Department's earlier correspondences and letter No. SO (H&D) 15-118/83 dated 19-07-1986 and SO (H&D) 1-1/06 dated 21-01-2006 on the subject noted above.

2. I am further directed to reiterate the instructions already issued by the Health Department and to intimate that the old records available in various health facilities and institutions should be weeded out by dividing it into following categories and retaining it for a minimum time period mentioned against each:

	Type of Record	Period of retaining
OFFICIAL RECORD	Personal Files, Services books Financial Record auditable and non-auditable, excisable/non excisable record.	In accordance to the Punjab Financial Rules, 1985, Manual of secretariat instructions or as per necessity which ever is later.
MEDICAL RECORD	Patient chart, Report, X-Ray, CT Scan MRI, Pathology reports OPD Registers and	3 years or later as per necessity
MEDICO-LEGAL	Medico-legal report/registers	12 years or later as per necessity
DEMOGRAPHIC RECORD	Birth and Death record	Birth and Death Registers to be kept forever

3. It is further re-iterated that the old record may not be destroyed by burning but it should be sold to the Paper Mills and the determination of sales should be done every year in accordance to the prevailing rules/ policy of the Government.

SECTION OFFICER (H&D)

NO. & DATE EVEN:

Copy is forwarded for information to the:-

1. PSD to Secretary Health Govt. of the Punjab.
2. PSD to Special Secretary Health Govt. of the Punjab.
3. PAs to Additional Secretary (Establishment) (Admin) (Development) and (Technical), Health Department.
4. Master file

SECTION OFFICER (H&D)

27/1/12

PHC CHARTER FOR PATIENTS AND OTHERS**Part A: Rights of Patients and Others**

1. Health, well-being and safety;
2. Easy access to registration/help desk to get registered and be guided to the respective services as per requirement.
3. Special arrangements for elderly people and disabled to have easy access to required health services;
4. Be attended to, treated and cared for with due skill, and in a professional manner for the highest attainable standard of health in complete consonance with the principles of medical ethics;
5. Be made aware of the full identity and professional status of the Healthcare Service Provider(s) and other staff providing services;
6. Be given information to make informed choices about his healthcare and treatment options and/or to give informed consent, in terms and in a language that he understands;
7. Seek second opinion when making decisions about his healthcare, and may be assisted by the Healthcare Establishment/healthcare service provider in this regard;
8. Accept or refuse any treatment, examination, test or screening procedure that is advised to him, exceptions being in cases of emergencies and/or mental incapacity in accordance with the relevant law;
9. Personal health information to be kept secure and confidential;
10. Access his own medical records, including but not limited to, comprehensive medical history, examination(s), investigation(s) and treatment along with the progress notes, and obtain copies thereof;
11. Not to be discriminated against because of age, disability, gender¹, marriage, pregnancy, maternity, race, religion, cultural beliefs, color, caste and/or creed;
12. Expect that any care and/or treatment being received is provided by duly qualified and experienced staff;
13. Expect that the healthcare service provider or the Healthcare Establishment, as the case may be, has the capacity and required necessary equipment in order and working condition, for rendering the requisite services, including but not limited to treatment;

14. Receive emergency healthcare, unconditionally. However, once the emergency has been dealt with, he may be discharged or referred to another Healthcare Establishment [emergency requiring healthcare, is a situation threatening immediate danger to life or severe irreversible disability, if healthcare is not provided urgently];
15. Be treated with respect, empathy and dignity irrespective of age, disability, gender, marriage, pregnancy, maternity, race, religion, socio-economic status, cultural beliefs, colour, caste and/or creed;
16. Be treated in privacy and with dignity, and have his religious and cultural beliefs respected throughout the duration of care, including but not limited to, taking history, examination or adopting any other course of action;
17. Be made aware of procedures for complaints and resolution of disputes and conflicts;
18. File a written complaint to the concerned healthcare service provider, official of the Healthcare Establishment or such other organization/person, as the case may be and be associated throughout the progress of the complaint and its outcome;
19. Seek compensation if he has been harmed by, including but not limited to maladministration, malpractice, negligent treatment, or failure on the part of a healthcare service provider or any staff/employee or others rendering services at the Healthcare Establishment;
20. Be informed and to refuse to participate in research, or any project dealing with his disease, care and treatment;
21. Be accompanied by a family member or carer, as the case may be, particularly in cases of children, females, elderly and disabled. The healthcare service provider and/or the Healthcare Establishment, as the case may be, are to ensure that in cases of children and females in the immediate post anesthesia phase, a female staff shall be present until a family member or carer can join the patient/client, The healthcare service provider and/or the Healthcare Establishment, as the case may be, are also to ensure that in cases of children and females an authorized family member or a carer or if not so possible, at least a female staff is present during physical examination and investigation procedures where physical contact and or exposure of body part(s) is required;
22. Expect that the Healthcare service provider, the Healthcare Establishment, and/or such other person rendering similar services, as the case may be, shall not misuse nor abuse their fiduciary position vis-à-vis him or his carer(s) or family members, as the case may be, for undue favour(s) including but not limited to sexual favour(s) or any other undue or uncalled for reward or privileges in terms of professional fee or gifts etc;
23. Be informed as early as possible regarding cancellation and/or postponement of any appointment, surgery, procedure, treatment or meeting, as the case may be;
24. Be made aware of the costs, fee and/or expenses, prior to the consultation, treatment or other services, and/or operation/procedure, as the case may be, and receive payment receipt(s) for the same;

25. Be given written instructions regarding his treatment, including instructions at the time of discharge;
26. Examine and receive an explanation for the bill(s) regardless of the source of payment;
27. End of life care³;
Nothing in this Charter prevents any organization/healthcare service provider/healthcare establishment from recognizing additional rights of the Patient/Client and/or the carer, as the case may be. The purpose of this Charter is to inculcate and invigorate in the community the understanding and recognition of the fact that health, care and/or treatment is a right of an individual even when he is unborn and the same continues from his cradle to coffin. This document will be reviewed annually or earlier, as deemed appropriate by the Punjab Healthcare Commission, in view of its experiences, through a consultative process involving patients, former patients, family members, related professionals, staff and other stakeholder groups.

Explanatory Notes

1. Gender includes male, female, transgender and intersex individuals.
2. Life, in the context of mental emergency, includes those of others.
3. End of Life Care includes healthcare, not only of patients in the final hours or days of their lives, but more broadly, care of all those with terminal illness or terminal condition that has become advanced, progressive and incurable. Accordingly, it may so happen that no treatment may be advisable and or given but the care should continue, keeping in view the ethics of the profession.

Part B: Responsibilities of Patients and Others

The patient/client or carer, as the case may be, is responsible to the Healthcare Establishment, its staff or the Healthcare Service Provider for: -

1. Providing, accurate and complete information, to the best of his knowledge, regarding medical history, including but not limited to, present medical condition and complaints, medications, allergies and special needs, past illnesses, prior hospitalizations etc., as is required;
2. Reporting unexpected changes in his condition;
3. Adhering to the treatment plan prescribed to him;
4. Keeping appointments and when he is going to be late or is unable to do so for any reason, notify the concerned about the same, as soon as possible;
5. Taking responsibility for his actions if he refuses treatment or does not follow the given instructions;
6. Ensuring that the financial obligations of his care are fulfilled as promptly as possible;
7. Following the Healthcare Facilities' Rules and Regulations relating to patient care and conduct of others, including carers and or visitors;
8. Behaving in a courteous and polite manner which is non-threatening;
9. Refraining from conducting any illegal activity while he is at their premises;
10. Informing of any change of address and other requisite information.

PHC CHARTER FOR HEALTHCARE ESTABLISHMENTS

Part A: Rights of Healthcare Establishments/ Healthcare Service Providers

The Healthcare Establishment or the Healthcare Service Provider, as the case may be, shall have the right to :-

1. Collect accurate and complete information from the patient/client or carer, to the best of his knowledge, regarding medical history including but not limited to, present medical condition and complaints, medications, allergies and special needs, past illnesses, prior hospitalizations etc., as is required;
2. Require the patient/client to follow treatment instructions, including the written instructions explained at the time of discharge;
3. Require all patients to abide by its rules and regulations regarding admission, treatment, safety, privacy and visiting schedules etc.;
4. Limit visiting hours and number of visitors in the best interest of the patient/client and that of the others in the Healthcare Establishment;
5. Limit number of carers in the best interest of the patient/client, and that of the others, while keeping in view the special needs of particular patients, for example, minor children, women, elderly and/or seriously ill patients;
6. Be timely notified by the patient/client regarding cancellation of appointment, consultation, procedure, surgery, etc. or delay in his arrival at the Healthcare Establishment;
7. Require the patient/client and/or carer(s) to cooperate with Healthcare Establishment staff in carrying out assessments, prescribed investigations and treatment procedures.
8. Require from the patient/client or carers and visitors, as the case may be, to understand the role and dignity of the Healthcare Establishment, its staff and/or the Healthcare Service Provider, as the case may be, and treat them with due respect at all times;
9. Report and take legal action against the patient/client and/or his carer(s), visitors, in case of harassment of its staff, damage to its property and disturbance to other patient(s), as the case may be;
10. Demand abstinence from the use of violent and disruptive behaviors or language abuse and take appropriate legal action in case of breach;
11. Prohibit smoking and/or substance/drug abuse on the premises and take appropriate legal action in case of breach;

12. Limit its liability for misplacement or theft of valuables and belongings of the patient/client, carer and visitor;
13. Be paid for all services rendered to the patient / client, either personally or by the carer or through the third party, e.g. insurance company;
14. Be notified of any change of contact, address and other details of the patient/client, as the case may be;
15. Ask for information from the patient / client regarding its services for the purposes of improving the healthcare services/systems within the Healthcare Establishment;
16. Maintain and utilize the data collected from the patient/client, subject to the principles and law relating to confidentiality, for the purposes of improving the healthcare services/systems within the Healthcare Establishment;
17. Ensure that while using the available facilities and equipment, due care and caution is taken by the patient/client and/or their carers and visitors, as the case may be;

The Punjab Healthcare Commission while recognizing the fact that each Healthcare Establishment is a “House of Hope” where advice and treatment, including other services, are rendered to the public at large, has developed this Charter of Rights for all Healthcare Establishments/Healthcare Service Providers in the Province of Punjab. All these rights are to be exercised with a view to make better services available to the masses.

The Punjab Healthcare Commission further assures that it stands committed to the cause of the Healthcare Establishments/Healthcare Service Providers in the exercise of these rights and shall always be ready and willing to support in the implementation and enforcement of the rights envisaged herein. This document will be reviewed annually or earlier, as deemed appropriate by the Punjab Healthcare Commission, in view of its experiences, through a consultative process involving patients, former patients, and family members, related professionals, Healthcare Establishments / Healthcare Service Providers, staff and other stakeholder groups.

Part B: Responsibilities of Healthcare Establishments/ Healthcare Service Providers

The Healthcare Establishment or the Healthcare Service Provider, as the case may be, shall be responsible for:-

1. Ensuring the safety of patient/client.
2. Establishing such systems which enable easy access to services as are required by the patient/client.
3. Maintaining the services being provided through fully competent professionals.
4. Establishing systems to ensure that the rights of the patient/client and others are enforced and fully protected.

5. Adopting open policies regarding its procedures in relation to treatment of the patients/clients including but not limited to, their care and complaints etc.
6. Invigorating in their staff including but not limited to, Consultants and other professionals rendering services at the Healthcare Establishment, the importance and thorough practice of professional ethics.
7. Complying with all the governing laws, rules and regulations while operating, maintaining and rendering services.

Sr. No.	Name	Designation
1.	Dr. Tariq Mahmood Mian	President, Pakistan Academy of Family Physicians
2.	Dr. Sajjad Aleem	Pakistan Academy of Family Physicians
3.	Dr. M. Asim	Pakistan Academy of Family Physicians
4.	Dr. M. Tahir	Pakistan Academy of Family Physicians
5.	Dr. Nadeem A. Qureshi	Pakistan Academy of Family Physicians
6.	Dr. Naheed Nadeem	Pakistan Academy of Family Physicians
7.	Dr. M. Tahir Ayub	Pakistan Academy of Family Physicians
8.	Dr. Omar Rashid	Pakistan Academy of Family Physicians
9.	Dr. Mahboob Elahi CH.	Pakistan Academy of Family Physicians
10.	Dr. Riaz Ahmed	Pakistan Academy of Family Physicians
11.	Dr. Awais	Pakistan Academy of Family Physicians
12.	Dr. Nyla	Pakistan Academy of Family Physicians
13.	Dr. Zafar Aziz	Pakistan Academy of Family Physicians
14.	Dr. Saud Ahmed	Pakistan Academy of Family Physicians
15.	Dr. Arshad	Pakistan Academy of Family Physicians

ANNEX. H:**Sub Committee of Stakeholders
Core Working Group**

Sr. No.	Name	Designation/Organization/Contact details
1.	Dr. Tariq Mahmood Mian	President, Pakistan Academy of Family Physicians
2.	Dr. Saeed Ahmed	Vice President, Pakistan Academy of Family Physicians
3.	Dr. Tahir Chaudhry	General Secretary, Pakistan Academy of Family Physicians
4.	Dr. Sajjad Ahmad Malik	Pakistan Academy of Family Physicians
5.	Dr. Idrees Ahmad Bhatti	Pakistan Academy of Family Physicians

Sr. No.	Name of Participant	Designation/HCEs
1.	Justice Retd. Aamir Reza	Chairperson PHC
2.	Dr. Muhammad Ajmal Khan	COO PHC & Facilitator
3.	Dr. Mushtaq Ahmad	Director CG&OS PHC & Facilitator
4.	Prof. Dr. Riaz Tasneem	Director Complaints PHC & Moderator
5.	Dr. Riaz Chaudhary	Director Licensing & Facilitator
6.	Lt. Col. (Retd.) Dr. Anees Ahmed Qureshi	Additional Director Clinical Standards Development, PHC and Facilitator
7.	Dr. Majed Latif	Additional Director Training, PHC and Facilitator
8.	Dr. Tanvir Ahmad Zaver	Additional Director M & E PHC
9.	Dr. Shafqat Ijaz	Additional Director L & A PHC
10.	Dr. M. Saleem Khokhar	Additional Director Inspections PHC
11.	Dr. S. Shamoos Masood	Additional Director Complaints PHC
12.	Dr. Mukhtar Awan	Deputy Director Training (PHC) and Facilitator
13.	Dr. Sohail Ahmed	Deputy Director Training (PHC) and Facilitator
14.	Dr. Shahid Ameen	Deputy Director Coordination, PHC
15.	Dr. Mohsin Mahmood	Deputy Secretary (Technical), Health Department
16.	Dr. Muhammad Jameel	DHS (HQ), DGHS, Health Department
17.	Dr. M. Tahir Ayyub	Ayyub Clinic Lahore
18.	Dr. M. Tahir Azam	CEO, Turab Hospital Complex Lahore
19.	Dr. Ahmad Naveed Bhatti	Pakistan Academy of Family Physician
20.	Dr. Omar Rashid	Omar Medical Centre
21.	Dr. Sajjad Ahmad Malik	Pakistan Academy of Family Physician
22.	Dr. Shafique Ahmad	Shafiq Children Clinic Kasur
23.	Dr. Umer Farooq	President, PAFP Bahawalpur/ Family Care Clinic Bahawalpur
24.	Dr. Mehboob Elahi Ch.	General Physician
25.	Dr. Saud Ahmad Ch.	Member, Pakistan Academy of Family Physician
26.	Dr. Mazhar Hussain Mirza	Information Secretary, PAFP
27.	Dr. Aamer Ghafoor Mufti	Deputy Director (I&C), AIMC Lahore
28.	Dr. Naeem Ahmad Azad	Radiologist, Mayo Hospital/ NMC Pakpattan
29.	Dr. Athar Akram	Consultant, The Eye Hospital Lahore
30.	Dr. Naheed Nadeem	Family Physician, Qureshi Poly Clinic Lahore

31.	Dr. Nadeem Ahmad Qureshi	Dermatologist/Member, Pakistan Academy of Family Physician
32.	Dr. Idrees Ahmad Bhatti	Member, Pakistan Academy of Family Physician
33.	Dr. Zakia Iqbal	Gynecologist, Anam Clinic Lahore
34.	DR. Munir Ahmad	Secretary Finance, Pakistan Academy of Family Physician Rawalpindi
35.	Dr. M. Azam Khan	Family Physician, Zara Medical Centre Lahore
36.	Dr. Riaz Ahmed Iqbal	Family Physician, Awami Medical Centre Lahore
37.	Dr. M. Naeem Hassan	Family Physician, Ali Clinic Lahore
38.	Dr. Syed Ahad Ali	Family Physician, Ali Hospital Khanewal
39.	Dr. M. Aslam Javaid	Family Physician, Javaid Clinic Khanewal
40.	Dr. M. Asim Shafiq	Family Physician, Shafiq Clinic Lahore
41.	Dr. Abdul Ghafoor Malik	Consultant Pathologist, Zam Zam Diagnostic Centre Jhelum

#	Name	Designation
Writers		
1.	Dr. Muhammad Ajmal Khan	Chief Operating Officer PHC
2.	Dr. Mushtaq Ahmed Salariya	Director (Clinical Governance and Organizational Standards)
3.	Lt. Col. (Retd.) Dr. Anees Ahmed Qureshi	Additional Director (Clinical Standards Development)
4.	Dr. Shahid Amin	Deputy Director (Clinical Standards Development)
5.	Dr. Majed Latif	Additional Director (Internal & External Training)
6.	Dr. Mukhtar Ahmed	Deputy Director (Trainings)
7.	Dr. Shafique ur Rehman	Deputy Director (Trainings)
8.	Dr. Imtiaz Ali	Deputy Director (Trainings)
9.	Dr. Hafiz M Fayzan Akhtar	Deputy Director (Trainings)
Reviewers		
10.	Dr. Shahid Mahmood	AD Implementation & Coordination.
11.	Dr. Shamoun Masood	AD Complaints
12.	Dr. Saleem Khokhar	AD Inspections
13.	Dr. Farooq Adeel	DD Inspections
IT Support		
#	Name	Designation
14.	Miss Rashda Parveen	AM Development
15.	Mr. Muhammad Majid	Graphics Designer

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- Every effort has been made to ensure the accuracy of Implementation/Surveying and Scoring Methodology for assessing the implementation of Minimum Service Delivery Standards and Indicators for GPs/Family Physicians/Specialist's Clinics to facilitate the Implementers/Surveyors/Assessors/Inspectors trained by PHC or otherwise acting accordingly.
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The Punjab Healthcare Commission (PHC) has been established under the Punjab Healthcare Commission Act, 2010. It is an independent health regulatory body with the mandate to introduce a regime of clinical governance through enforcing Minimum Service Delivery Standards (MSDS) at the primary, secondary and tertiary healthcare establishments (HCEs), in both public and private sectors, to improve the quality of healthcare service delivery in Punjab. A HCE is required to implement MSDS to acquire a license to deliver healthcare services in Punjab.



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